MODIFIED BENEFIT FORMULA QUESTIONNAIRE

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY NUMBER _ _ _ / _ _ / _ _ _ _

NAME OF PERSON MAKING STATEMENT *(if other than above wage earner or self-employed person)*

PRIVACY ACT/PAPERWORK ACT NOTICE: Your response to this request is voluntary; however, failure to provide all or part of the requested information could prevent an accurate and timely decision on your claim and could affect your Social Security benefits. The Social Security Administration uses the information you furnish to determine the effect of your pension on your Social Security benefit, as provided in section 215 of the Social Security Act (42 U.S.C. 415). The information on this form may be disclosed by the Social Security Administration to another person or agency for the following purposes: (1) to assist the Social Security Administration in establishing the right of a beneficiary to Social Security benefits, (2) to facilitate statistical research and audit activities, necessary to assure the integrity and improvement of the Social Security programs, and (3) to comply with laws requiring the exchange of information between Social Security and another agency.

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 8 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

A modified benefit formula is used to compute Social Security benefits for persons entitled to both a pension or annuity based on employment after 1956 not covered by Social Security and a Social Security retirement or disability insurance benefit. The difference in your Social Security benefit computed under the modified formula, rather than the regular benefit formula, cannot be greater than one-half the amount of the pension or annuity you received in the first month you are entitled to both the pension or annuity and the Social Security benefit.

1. Enter the name and address of the agency or organization from which the pension or annuity is received or is expected to be received.

NAME	ADDRESS *(include ZIP Code)*

2. Enter the period(s) of employment upon which your pension or annuity is based (include both employment covered and not covered by Social Security, if applicable). If unknown, show "unknown".

FROM: (month, year)	TO: (month, year)

3. Enter the period(s) of employment after 1956 not covered by Social Security that is used to determine your pension or annuity. If unknown, show "unknown".

FROM: (month, year)	TO: (month, year)

4. Enter the monthly amount of the pension or annuity you are entitled to before any deductions are made to provide for a survivor annuity, health insurance, etc.

a) For the month you first receive a Social Security retirement or disability benefit. ▶ MONTHLY AMOUNT *(if amount is unknown, show "unknown".)* $

OR

b) For the month you first receive the pension or annuity, if later than the month you first receive a Social Security retirement or disability benefit. ▶ MONTHLY AMOUNT *(if amount is unknown, show "unknown".)* $

5. If you received a lump sum payment in lieu of a monthly pension or annuity, enter the amount of the payment and, if known, the specific period of time for which the payment was made. If unknown, show "unknown".

$ _____ for the period from _____ through _____ .
(Amount)   (Month, Year)   (Month, Year)

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REMARKS:

_____
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We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

IMPORTANT INFORMATION: PLEASE READ THE FOLLOWING BEFORE SIGNING THE FORM

I agree to report promptly to the Social Security Administration if my current pension or annuity ceases because this may affect the amount of my Social Security benefit. I understand that failure to report cessation of my pension or annuity could result in a lower Social Security benefit than would otherwise be payable.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment, or both. I affirm that all information I have given in this document is true.

SIGNATURE OF PERSON MAKING STATEMENT

SIGNATURE _(First Name, Middle Initial, Last Name) (Write in ink)_ **SIGN HERE** ▶	DATE _(Month, Day, Year)_
MAILING ADDRESS _(Number and Street, Apt. No., P.O. Box, Rural Route)_	TELEPHONE NUMBER(S) AT WHICH YOU MAY BE CONTACTED DURING THE DAY (____) AREA CODE
CITY AND STATE	ZIP CODE

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X). two witnesses to the signing who know the individual must sign below, giving their full addresses.

SIGNATURE OF WITNESS	SIGNATURE OF WITNESS
ADDRESS (Number and Street, City, State and ZIP Code)	ADDRESS _(Number and Street, City, State and ZIP Code)_

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