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•	(See Instructions on reverse)		JOB NO		
	CONFIRMATION		_NC1-47-80-9	2	
	AL SERVICES ADM <del>INISTRATION,</del> L Archives and records service, washington, do	20408	DATE RECEIVED	Farnt	
. FROM (AGE	NCY OR ESTABLISHMENT)	t <sub>e</sub>	· 5-8-80	- , <u>î</u> u	
- Departm . MAJOR SUE	ent of Health, Education and Welfa:	re	NOTIFIC	CATION TO AGENC	Υ
Social	Security Administration		In accordance with the pro- quest, including amendme	nts, is approved except t	for items that may
. MINOR SUB	of Central Operations	*** *	be stamped "disposal not	t approved" or "withdray	wn" in column 10.
		TEL. EXT		Att M	# 2
Ernest.	P. Lardieri	TS 934-5770	5-8-80 p	Archivist of the U	nited States
. CERTIFICAT	E OF AGENCY REPRESENTATIVE.	<u>+0 734=3110</u>	acun	,	1
that the this age	certify that I am authorized to act for this agency records proposed for disposal in this Request ency or will not be needed after the retention period Request for immediate disposal. (i	of <u>2</u> page( ods specified.	ning to the disposa (s) are not now no	al of the agency'	s records; isiness of
	Request for disposal after a specific retention. (item 2)	ed period of	time or requ	uest for per	manent
DATE .	D. SIGNATURE OF AGENCY REPRESENTATIVE	E. TITLE			
0/80	Dr. George E. Deal	Department	tal Records	Managemen	nt Officer
7. ITEM NO.	8. DESCRIPTION OF (With Inclusive Dates or Reten		to the second	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	1. Title II (Disability Insurance	e) Claims Cas	3 <u>e</u>		
	Claims Case folders for claims ad taining correspondence and other accumulated in the process of adjuctaim. Claim application forms, for Social Security Number, or equitermination only), proofs, question records, medical evidence, and disability correspondence are filed folder. Included on the left side OA-C101D, Summary of Claims Data, Earnings Record-Disability, and experience of the second-Disability, and experience of the second-Disability of the seco	pertinent mandication of form SS-5, Aprivalent documnaires, earnsability and on the right of the fold OA-D840, Red	terial the DI pplication ment (for mings nondis- side of the der are forms quest for		50 (1) 50 (1)
`	Destroy immediately.				•
	2. Title II (Disability Insurance				
	Claims Case Files	· A		e p Paristy III	
	These claims folders contain all opertinent material accumulated in cation of the DI claim. Claims as SS-5, Application for Social Securent document (for terminations of	the process pplication for rity Number,	of adjudi- orms, form or equiva-	NC-47-77-	-11

STANDARD FORM 115
Revised April, 1975
Prescribed by General Services
Administration

Request f	or Records Disposition Authority – Continuation	J08 NO.		PAGE OF 2
7. ITEM NO.	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)		9. SAMPLE OR JOB NO.	10. ACTION TAKEN
-	questionnaires, earnings records, medical evidence, disability and nondisability correspondence are file the right side of the folder. Included on the left of the folder are Form OA-C101D, Summary of Claims I Form OA-D840, Request for Earnings Record-Disability and equivalent documents.	ed on side Data,	,	-
	a. Disability Denial Claims			
· ·	Transfer to the FRC after expiration of the reconsideration period and identification as eligible for transfer by Case Control System.  Destroy when 20 years old.			,
	b. Terminated Disability Cases			
	Transfer to the FRC after being identified as eligible for transfer by the Case Control System. Destroy when 20 years old.			3.
	c. Miscellaneous Freeze Terminations			
	Destroy when 20 years old.			
	·			

## REQUEST FOR RECORD ISPOSITION AUTHORITY LEAVE BLANK (See Instructions on reverse) JOB NO TO: GENERAL SERVICES ADMINISTRATION, NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408 DATE RECEIVED 1. FROM (AGENCY OR ESTABLISHMENT) Department of Health, Education and Welfare NOTIFICATION TO AGENCY 2. MAJOR SUBDIVISION In accordance with the provisions of 44 U.S.C. 3303a the disposal re-Social Security Administration quest, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10. 3. MINOR SUBDIVISION

6. CERTIFICATE OF AGENCY REPRESENTATIVE:

Ernest P. Lardieri

Office of Central Operations
4. NAME OF PERSON WITH WHOM TO CONFER

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of \_\_\_\_\_ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

5. TEL EXT.

FTS 934-5770

X A Request for immediate disposal. (item 1)

B Request for disposal after a specified period of time or request for permanent retention. (item 2)

C. DATE	D. SIGNATURE OF AGENCY REPRESENTATIVE	E. TITLE		
7. ITEM NO.	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)  1. Title II (Disability Insurance) Claims Case		9. SAMPLE OR JOB NO.	10. ACTION TAKEN
			-	-
	Claims Case folders for claims adjutaining correspondence and other peaccumulated in the process of adjutation. Claim application forms, for Social Security Number, or equitermination only), proofs, question records, medical evidence, and disability correspondence are filed or folder. Included on the left side OA-C101D, Summary of Claims Data, CEarnings Record-Disability, and equals the summary of Claims Data, CEARTHORNERS Record-Disability, and equals the summary of Claims Data, CEARTHORNERS Record-Disability, and equals the summary of Claims Data, CEARTHORNERS Record-Disability, and equals the summary of Claims Data, CEARTHORNERS Record-Disability, and equals the summary of Claims Data, CEARTHORNERS Record-Disability, and equals the summary of Claims Data, CEARTHORNERS Record-Disability, and equals the summary of Claims Data, CEARTHORNERS Record-Disability, and equals the summary of Claims Data, CEARTHORNERS Record-Disability, and equals the summary of Claims Data, CEARTHORNERS Record-Disability, and equals the summary of Claims Data, CEARTHORNERS Record-Disability, and equals the summary of Claims Data, CEARTHORNERS Record-Disability, and equals the summary of Claims Data, CEARTHORNERS Record-Disability, and equals the summary of Claims Data, CEARTHORNERS Record-Disability, and equals the summary of Claims Data, CEARTHORNERS Record-Disability, and equals the summary of CLAIMS Record-Disability Records Re	ertinent material dication of the DI orm SS-5, Application divalent document (for maires, earnings ability and nondis- in the right side of the of the folder are forms DA-D840, Request for	·	
	Destroy immediately.	٤٠٠	· C	
	2. <u>Title II (Disability Insurance)</u>	<u>)</u>	•	
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