

MODIFIED BENEFIT FORMULA QUESTIONNAIRE

(Complete this form only if you received a non-covered pension prior to January 2024)

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY NUMBER
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NAME OF PERSON MAKING STATEMENT *(if other than above wage earner or self-employed person)*

SSA uses a modified benefit formula to compute Social Security benefits for individuals 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. Under the Windfall Elimination Provision, if you work for an employer who doesn't withhold Social Security taxes from your salary, such as certain government agencies or an employer in another country, any retirement or disability pension you get from that non-covered work can reduce your Social Security benefits. This provision can affect you when you earn a retirement or disability pension from an employer who didn't withhold Social Security taxes and you qualify for Social Security retirement or disability benefits from covered work in other jobs for which you did pay taxes. SSA won't reduce your Social Security benefit by more than half of your non-covered pension.

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: (MM/YYYY)	TO: (MM/YYYY)
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: (MM/YYYY)	TO: (MM/YYYY)
4. Enter the date you became eligible for a non-covered pension	_____ (MM/YYYY)	
5. Enter the pension entitlement start and end date (if pension entitlement ended in the past) for a non-covered pension.	FROM: (MM/YYYY)	TO: (MM/YYYY)

6. 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".)

7. 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) (MM/YYYY) (MM/YYYY)

REMARKS: (Use this section for any additional information)

Important Information: Read the Following Carefully

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.

Anyone who knowingly makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, or submits or causes to be submitted any false statement or document knowing the same to contain any misrepresentation of material fact, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, Rural Route)	DATE (MM/DD/YYYY)
	TELEPHONE NUMBER AT WHICH YOU MAY BE CONTACTED DURING THE DAY (_____) _____ AREA CODE
CITY AND STATE	ZIP CODE

**Privacy Act Statement
Collection and Use of Personal Information**

Section 215 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may delay our determination and could affect the amount of your claim for benefits.

We will use the information to determine your eligibility for benefits. We may also share your information for the following purposes, called routine uses:

- To third party contacts (e.g., employers and private pension plan) in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage his/her affairs or his/her eligibility for, or entitlement to, benefits under the Social Security program; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration SSA in the efficient administration of its programs. We will disclose information under the routine use only in situations in which SSA may enter into a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0090, entitled Master Beneficiary Record, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1826. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy/.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments regarding this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**