

**About The Privacy Act**

Social Security is allowed to collect the facts on this form under section 205 of the Social Security Act. We need them to quickly identify your record and prepare the earnings statement you asked us for. Giving us these facts is voluntary. However, without them we may not be able to give you an earnings and benefit estimate statement. Neither the Social Security Administration nor its contractor will use the information for any other purpose.

**Paperwork Reduction Act Notice and Time It Takes Statement**

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 about 5 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.

**Request for Earnings and Benefit Estimate Statement**

Thank you for requesting this statement.

After you complete and return this form, we will--within 4 to 6 weeks-- send you:

- a record of your earnings history and an estimate of how much you have paid in Social Security taxes, and
- estimates of benefits you (and your family) may be eligible for now and in the future.

We're pleased to furnish you with this information and we hope you'll find it useful in planning your financial future.

Social Security is more than just a program for retired people. It helps people of all ages in many ways. Whether you're young or old, male or female, single or married-- Social Security can help you when you need it most. It can help support your family in the event of your death and pay you benefits if you become severely disabled.

If you have questions about Social Security or this form, please call our toll-free number, 1-800-772-1213.



Kenneth S. Apfel  
Commissioner of Social Security



# Request for Earnings and Benefit Estimate Statement

Please check this box if you want to get your statement in Spanish instead of English.

Please print or type your answers. When you have completed the form, fold it and mail it to us. (If you prefer to send your request using the Internet, contact us at <http://www.ssa.gov>)

1. Name shown on your Social Security card:

\_\_\_\_\_  
First Name Middle Initial

\_\_\_\_\_  
Last Name Only

2. Your Social Security number as shown on your card:

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3. Your date of birth (Mo.-Day-Yr.)

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4. Other Social Security numbers you have used:

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5. Your Sex:  Male  Female

For items 6 and 8 show only earnings covered by Social Security. Do NOT include wages from State, local or Federal Government employment that are NOT covered for Social Security or that are covered ONLY by Medicare.

6. Show your actual earnings (wages and/or net self-employment income) for last year and your estimated earnings for this year.

A. Last year's actual earnings: (Dollars Only)

\$ ,.

B. This year's estimated earnings: (Dollars Only)

\$ ,.

7. Show the age at which you plan to stop working.

(Show only one age)

8. Below, show the average yearly amount (not your total future lifetime earnings) that you think you will earn between now and when you plan to stop working. Include performance or scheduled pay increases or bonuses, but not cost-of-living increases.

If you expect to earn significantly more or less in the future due to promotions, job changes, part-time work, or an absence from the work force, enter the amount that most closely reflects your future average yearly earnings.

If you don't expect any significant changes, show the same amount you are earning now (the amount in 6B).

Future average yearly earnings: (Dollars Only)

\$ ,.

9. Do you want us to send the statement:

- To you? Enter your name and mailing address.
- To someone else (your accountant, pension plan, etc.)? Enter your name with "c/o" and the name and address of that person or organization.

\_\_\_\_\_  
Name

\_\_\_\_\_  
First Name Middle Initial  
Street Address (Include Apt. No., P.O. Box, or Rural Route)

\_\_\_\_\_  
City State Zip Code

### NOTICE:

I am asking for information about my own Social Security record or the record of a person I am authorized to represent. I understand that if I deliberately request information under false pretenses, I may be guilty of a Federal crime and could be fined and/or imprisoned. I authorize you to use a contractor to send the statement of earnings and benefit estimates to the person named in item 9.



**Please sign your name (Do Not Print)**

\_\_\_\_\_  
Date (Area Code) Daytime Telephone No.