

Social Security Administration

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§ 422.315 Review of our records related to the debt.

(a) *Notification by the debtor.* The debtor may request to inspect or copy our records related to the debt.

(b) *Our response.* In response to a request from the debtor described in paragraph (a) of this section, we will notify the debtor of the location and time at which the debtor may inspect or copy our records related to the debt. We may also, at our discretion, mail to the debtor copies of the records relating to the debt.

§ 422.317 Review of the debt.

(a) *Notification and presentation of evidence by the debtor.* A debtor who receives a notice described in § 422.305(b), § 422.306(b), or § 422.310(c) has a right to have us review the debt. To exercise this right, within 60 calendar days from the date of our notice, the debtor must notify us and give us evidence that he or she does not owe all or part of the debt or that we do not have the right to collect it. If the debtor does not notify us and give us this evidence within the 60 calendar-day period, we may take the action described in our notice.

(b) *Review of the evidence.* If the debtor notifies us and presents evidence within the 60 calendar-day period described in paragraph (a) of this section, we will not take the action described in our notice unless and until we consider all of the evidence and send the debtor our findings that all or part of the debt is overdue and legally enforceable.

(c) *Findings by SSA.* Following our review of all of the evidence presented, we will issue written findings, including the supporting rationale for the findings. Issuance of these findings will be the final Agency action on the debtor's request for review. If we find that the debt is not overdue or we do not have the right to collect it, we will not send information about the debt to consumer or other credit reporting agencies or refer the debt to the Department of the Treasury for administrative offset.

Subpart E [Reserved]

Subpart F—Applications and Related Forms

AUTHORITY: Secs. 205 and 702(a)(5) of the Social Security Act (42 U.S.C. 405 and 902(a)(5)). Section 422.512 is also issued under 30 U.S.C. 901 *et seq.*

§ 422.501 Applications and other forms used in Social Security Administration programs.

This subpart lists the applications and some of the related forms prescribed by the Social Security Administration for use by the public in applying for benefits under titles II and XVIII of the Social Security Act and the black lung benefits program (Part B, title IV of the Federal Coal Mine Health and Safety Act of 1969, as amended).

[38 FR 11450, May 8, 1973]

§ 422.505 Applications and related forms for retirement, survivors, and disability insurance programs.

(a) *Applications.* To facilitate claims taking, the Social Security Administration (SSA) has designed applications to be used by the public when claiming benefits under title II of the Social Security Act. Prescribed applications include our traditional printed forms and our computer printouts. The printouts are similar in content to the traditional application, forms, but are produced only after an SSA employee has keyed into a computer terminal the answers the applicant has given to the relevant questions. The information on the applications includes such items as date of birth, family relationship, work history, etc. The printout may omit questions that the computer recognizes as irrelevant as a result of the answers to other questions. Phrasing may differ from that on the traditional printed forms.

(b) *Related forms.* The following are some related forms:

SSA-3—Husband's Certification. (For use in connection with Application for Wife's Insurance Benefits, Form SSA-2.)

SSA-8a—Supplement to Form SSA-8 (Application for Lump-Sum Death Payment). (For use with a funeral home's application for lump-sum death payment, Form SSA-8).

- SSA-11—Application to be Selected as Payee. (For use when the individual proposing to be substituted for current payee files application to receive payment of benefits on behalf of himself, a disabled child or child under age 22, a student beneficiary, or an incompetent beneficiary.)
- SSA-15—Wife's Certification. (For use in connection with Application for Husband's Insurance Benefits, Form SSA-14.)
- SSA-17—Statement Regarding Disability (By Widow, Widower, Surviving Divorced Wife, or Child). (For use in connection with a request for payment of benefits due to disability by a widow, widower, surviving divorced wife, or a child who is age 18 or over and is under a disability which began before age 22.)
- SSA-21—Supplement to Claim of Person Outside of the United States. (To be completed by or on behalf of a person who is, was, or will be outside the United States.)
- SSA-22—Supplement to Claim on Behalf of Child Outside the United States. (To be completed for a child who is, was, or will be outside the United States.)
- SSA-25—Certificate of Election for Reduced Wife's Benefits. (For use by a wife age 62 through 64 who has an entitled child in her care and elects to receive reduced benefits for months during which she will not have a child in her care.)
- SSA-401—Medical History and Disability Report.
- SSA-401A—Report of Disability Interview—Widow (Divorced Wife) and Widower.
- SSA-401CH—Report of Childhood Disability Interview. (Forms SSA-401, SSA-401A, and SSA-401CH are for use in documenting a claimant's medical history together with the course and effects of the claimant's vocational history.)
- SSA-717—Statement of Person Requesting Payment on Behalf of Estate.
- SSA-718—Consent by Relative for Payment to Individual on Behalf of Estate.
- SSA-719—Statement of Burial Expenses by Funeral Director. (To be completed by the funeral director in connection with an individual's (other than a widow or widower who was living in the same household with the insured individual at the time of his death) application authorizing direct payment of the lump-sum death payment to the funeral director.) (See Form SSA-8 under § 422.505(a).)
- SSA-721—Statement of Death by Funeral Director. (This form may be used as evidence of death (see § 404.704 of this chapter).)
- SSA-760—Certificate of Support (Parent's, Husband's, or Widower's).
- SSA-766—Statement of Self-Employment Income. (For use by a claimant to establish insured status based on self-employment income in the current year.)
- SSA-780—Certificate of Applicant for Benefits on Behalf of Another. (This form accompanies an individual's or institution's request to be selected payee for a beneficiary and is used to determine the requester's interest in the welfare of the beneficiary.)
- SSA-786—Physician's Statement. (For use in requesting medical evidence of a beneficiary's capacity to manage benefits.)
- SSA-787—Medical Officer's Statement. (For use in requesting medical evidence of a beneficiary's capacity to manage benefits from an institution.)
- SSA-823—Request for Medical Evidence to Hospital or Institution. (For use in requesting information regarding hospitalization or treatment of a disability claimant.)
- SSA-824—Report on Individual With Mental Impairment. (For use in requesting information regarding a disability claimant's mental impairment.)
- SSA-826—Medical Report—General. (For use in obtaining medical information concerning a disability claimant.)
- SSA-826.1—Medical Report—Pulmonary Tuberculosis. (For use in requesting medical evidence from a hospital in which a disability claimant is confined for the treatment of tuberculosis.)
- SSA-827—Applicant's Request for Medical Information. (To be completed by a disability claimant to authorize release of medical information.)
- SSA-1001—Statement of Employer. (For use by an employer to provide evidence of quarterly wage payments.)
- SSA-1002—Statement of Agricultural Employer. (For use by an employer to provide evidence of annual wage payments for agricultural work.)
- SSA-1372—Student's Statement Regarding School Attendance. (For use in connection with a request for payment of child's insurance benefits for a child who is age 18 through 21 and a full-time student.)
- SSA-1372A—Certification by School Official of Student's Full-time Attendance. (For use with requests for child's insurance benefits for students age 18 through 21.)
- SSA-1372A(F)—Statement to U.S. Social Security Administration by School Outside the United States About Student's Attendance. (For use in connection with a request for payment of child's insurance benefits for a child who is age 18 through 21 and a full-time student outside the United States.)
- SSA-1388—Report of Student Beneficiary at End of School Year. (For use in confirming continuing eligibility to benefits or indicating the need for suspension or termination action.)
- SSA-1442—Statement by Divorced Woman Regarding Contributions and Support From Her Former Husband.
- SSA-1724—Claim for Amounts Due in the Case of a Deceased Beneficiary. (For use in

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requesting amounts payable under title II to a deceased beneficiary.)

SSA-4111—Certificate of Election for Reduced Widow(er)'s Benefits. (For use by applicants for certain reduced widow's or widower's benefits.)

SSA-7156—Farm Self-Employment Questionnaire. (For use in connection with claims for benefits based on farm income to determine whether the income is covered under the Social Security Act.)

SSA-7160—Employment Relationship Questionnaire. (For use by an individual and the alleged employer to determine the individual's employment status.)

DDS-7163—Questionnaire About Employment or Self-Employment Outside United States. (To be completed by or on behalf of a beneficiary who is, was, or will be employed or self-employed outside the United States.)

SSA-7203—Sick Pay and Plan or System Questionnaire. (To be completed by an employer for the purpose of determining the nature of special payments to an employee.)

[38 FR 11450, May 8, 1973, as amended at 51 FR 41952, Nov. 20, 1986; 55 FR 25826, June 25, 1990]

§ 422.510 Applications and related forms used in the health insurance for the aged program.

(a) *Application forms.* The following forms are prescribed for use in applying for entitlement to benefits under the health insurance for the aged program:

SSA-18—Application for Hospital Insurance Entitlement. (For use by individuals who are not entitled to retirement benefits under title II of the Social Security Act or under the Railroad Retirement Act. This form may also be used for enrollment in the supplementary medical insurance benefits plan.)

SSA-40—Application for Enrollment in the Supplementary Medical Insurance Program. (This form is mailed directly to beneficiaries at the beginning of their initial enrollment period.)

SSA-40A—Application for Enrollment in Supplementary Medical Insurance. (For use by civil service employees who are not eligible for enrollment in the hospital insurance plan.)

SSA-40B—Application for Medical Insurance. (For general use in requesting medical insurance protection.)

SSA-40C—Application for Enrollment. (This form is mailed to beneficiaries as a followup on Form SSA-40 (Application for Enrollment in the Supplementary Medical Insurance Program).)

SSA-40F—Application for Medical Insurance. (For use by beneficiaries residing outside the United States.)

An individual who upon attainment of age 65 is entitled to a monthly benefit based on application OA-C1, SSA-2, OA-C7, OA-C10, SSA-10A, OA-C13, or SSA-14 is automatically entitled to hospital insurance protection. (For conditions of entitlement to hospital insurance benefits, see 42 CFR part 405, subpart A. For medical insurance protection, an applicant must request supplementary medical insurance coverage (see Forms SSA-40, SSA-40A, SSA-40B, SSA-40C, and SSA-40F under § 422.510(a)). (For conditions of entitlement to supplementary medical insurance benefits, see 42 CFR part 405, subpart B.)

(b) *Related forms.* The following are the prescribed forms for use in requesting payment for services under the hospital insurance benefits program and the supplementary medical insurance benefits program and other related forms:

SSA-1453—Inpatient Hospital and Extended Care Admission and Billing. (To be completed by hospital for payment of hospital expenses for treatment of patient confined in hospital.)

SSA-1483—Provider Billing for Medical and Other Health Services. (To be completed by hospital for payment of hospital expenses for treatment of patient who is not confined in the hospital.)

SSA-1484—Explanation of Accommodation Furnished. (To be completed by the hospital to explain accommodation of a patient in other than a semiprivate (two- to four-bed) room.)

SSA-1486—Inpatient Admission and Billing—Christian Science Sanatorium. (To be completed by a Christian Science sanatorium for payment for treatment of patients confined in the sanatorium.)

SSA-1487—Home Health Agency Report and Billing. (For use by an organization providing home health services.)

SSA-1490—Request for Medicare Payment. (For use by patient or physician to request payment for medical expenses.)

SSA-1554—Provider Billing for Patient Services by Physicians. (For use by hospital for payment for services provided by hospital-based physicians.)

SSA-1556—Prepayment Plan for Group Medical Practices Dealing Through a Carrier. (For use by organizations (which have been