

Date of Request \_\_\_\_\_

REQUEST TO RESOLVE QUESTIONABLE QUARTERS OF COVERAGE (QC)

Complete the information below when the QC array contains either a (#) pound sign or code "Z" prior to 1978. Mail the form and a copy of the system's printout to the Social Security Administration, PO Box 17750, Baltimore, MD. 21235-0001.

Print

Name: \_\_\_\_\_  
Last First MI

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM DD YY

Request Years

19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_) 19\_\_\_\_,  
19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_)

OR

19\_\_\_\_ thru 19\_\_\_\_ 19\_\_\_\_ thru 19\_\_\_\_ 19\_\_\_\_ thru 19\_\_\_\_

State's Name & Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact Person's Name \_\_\_\_\_  
&  
Telephone Number \_\_\_\_\_

*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.*

Privacy Act Statement: Your response is voluntary; however, failure to provide all or part of the requested information could prevent an accurate and timely return of the requested information. The Social Security Administration will provide this information based on Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The information on this form will not be disclosed to any other agency.

#### *TIME IT TAKES TO COMPLETE THIS FORM*

*We estimate that it will take you about 2 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. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, I-A-21 Operations Bldg., Baltimore, MD 21235-0001. Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security Cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.*