

SOCIAL SECURITY ADMINISTRATION	SPECIAL DETERMINATION
	OFFICE
NAME OF WAGE-EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY NUMBER _____ / _____ / _____
NAME OF CLAIMANT <i>(If other than wage-earner)</i>	RELATIONSHIP OF CLAIMANT

DETERMINATION MADE BY	DATE	APPROVED BY	DATE
TITLE <input type="checkbox"/> Claims Representative <input type="checkbox"/> Claims Examiner <input type="checkbox"/> Claims Authorizer <input type="checkbox"/> Other <i>(Specify)</i>		TITLE <input type="checkbox"/> Claims Representative <input type="checkbox"/> Claims Examiner <input type="checkbox"/> Other <i>(Specify)</i>	