



NAVY RESALE & SERVICES SUPPORT OFFICE

12872

GROUP INSURANCE PLAN  
PART III - DISABILITY BENEFITS

NOTICE OF CLAIM

Form SS/233 (Rev. 9-83)

Prepare in triplicate.

DISTRIBUTION: ORIGINAL & DUPLICATE TO NRSSO INSURANCE  
BRANCH BEFORE 6TH WEEK OF DISABILITY.  
TRIPPLICATE TO EMPLOYEE'S PERSONNEL JACKET.

ACTIVITY						ACTIVITY NO.	DATE
EMPLOYEE NAME				ADDRESS			
DATE EMPLOYED	PERMANENT	FULL TIME		PAYROLL NUMBER	JOB TITLE		
		<input type="checkbox"/> YES	<input type="checkbox"/> NO				
BASIC MONTHLY EARNINGS DOLLARS ONLY	LTD CLASS	SEX	AGE	SOCIAL SECURITY NO.	MARRIED	CITIZEN OF	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO	

SECTION 1 - To be completed by the Activity

1. IS EMPLOYEE IN GROUP INSURANCE PLAN? IF YES, INDICATE INSURANCE EFFECTIVE DATE AND COVERAGE.		2. IS EMPLOYEE IN RETIREMENT ANNUITY PROGRAM? IF YES, INDICATE GROUP ANNUITY CERTIFICATE NUMBER.	
3. HAS EMPLOYEE PREVIOUSLY RECEIVED BENEFITS UNDER DISABILITY PROGRAM. IF YES, INDICATE DATES.			
4. IS DISABILITY DUE TO AN ACCIDENT: a) WORK CONNECTED? IF YES, ATTACH COPY OF WORKMEN'S COMPENSATION ACCIDENT REPORT.		b) NON-WORK CONNECTED? IF YES, STATE WHERE AND WHEN ACCIDENT HAPPENED.	
5. DATE EMPLOYEE LAST WORKED	6. DATE DISABILITY CAUSED LOST TIME	7. DATE EMPLOYEE ENTERED LEAVE WITHOUT PAY STATUS (EXHAUSTED SICK LEAVE).	
8. STATE NATURE OF DISABILITY, IF KNOWN			
9. DOCTOR'S NAME		ADDRESS	PHONE NUMBER
10. Has employee been advised that disability benefits received under Social Security or any other Federal or State Government disability or retirement plan and Workmen's Compensation, will be used to reduce the disability benefit in accordance with the provisions of the Plan and that the receipt of such payments must be reported to the Navy Resale System Office?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

REMARKS

SIGNATURE, ACTIVITY OFFICER	DATE
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S/N 0130-LF-002-3301

REFER TO: \_\_\_\_\_

TO:

FROM: NAVY RESALE & SERVICES SUPPORT OFFICE  
Fort Wadsworth  
Staten Island, N.Y. 10305  
ATTN: Risk/Safety Manager

**SECTION 2 - To be completed by the employee**

I, \_\_\_\_\_, hereby authorize the Social Security Administration to furnish all information concerning benefits paid to me, under Title II of the Social Security Act. In addition I understand that the Insurance Carrier involved in the administration of this Disability Benefits Plan will seek further information in connection with this Claim and I hereby authorize all persons, company and institutions to release any information they may have concerning me.  
 A photostat of this authorization shall be as valid as the original.

DATE

EMPLOYEE'S SIGNATURE

**READ CAREFULLY:** Your AGE does NOT bar a claim for Social Security Disability Benefits. To be eligible for Social Security Disability benefits you must have worked under Social Security for at least 5 years, or, since Social Security credits are counted in units of calendar quarters of the year, in at least 20 calendar quarters.

The 20 calendar quarters need not be consecutive, but they must all have been during a 10 year period ending in or after the calendar quarter in which you became disable.

1. Have you received or will you file claim for disability benefits under Social Security or any other Federal or State Government disability, or retirement plan, or Workmen's Compensation.

NO  YES - SHOW MONTHLY AMOUNT RECEIVED/RECEIVING AND COMPLETE BELOW.

MONTHLY AMOUNT

\$

DATE PAYMENTS STARTED EXPLANATION

DATE PAYMENTS ENDED

2. If you are eligible for Social Security Disability Benefits but have not yet applied, please give reason you have not applied.

3. If you are eligible for Workmen's Compensation but your Benefit payments have not yet been paid, please give reason for such delay.

**NOTE:** IF YOU BECOME DISABLED AFTER 1971, YOU MAY NEED MORE THAN 5 YEARS WORK. ACTIVE MILITARY SERVICE AT ANY TIME AFTER SEPTEMBER 15, 1940, AND WORK IN THE RAILROAD INDUSTRY CAN COUNT TOWARD THIS WORK REQUIREMENT FOR THE PURPOSE OF FREEZING YOUR SOCIAL SECURITY RECORD, (PROTECTING YOUR FUTURE BENEFIT RIGHTS), BUT CAN COUNT TOWARD DISABILITY INSURANCE PAYMENTS ONLY IN THE FOLLOWING SITUATIONS:

A) ACTIVE MILITARY SERVICE CAN COUNT TOWARD DISABILITY BENEFITS ONLY IF NO MONTHLY PAYMENTS, BASED IN WHOLE OR IN PART ON THE SAME PERIOD OF SERVICE, ARE PAYABLE BY THE MILITARY ORGANIZATION OR BY A FEDERAL AGENCY OTHER THAN THE VETERANS ADMINISTRATION.

EXCEPTION: WHERE A PERSON HAS ACTIVE MILITARY SERVICE AFTER 1956, HIS ACTIVE SERVICE FROM JANUARY 1951 ON, MAY COUNT TOWARD SOCIAL SECURITY BENEFITS EVEN IF HE IS ELIGIBLE FOR PAYMENTS FROM HIS MILITARY ORGANIZATION BASED ON THE SAME PERIOD OF SERVICE.

B) RAILROAD WORK CAN COUNT TOWARD SOCIAL SECURITY DISABILITY BENEFITS ONLY IF THE WORKER HAD FEWER THAN 120 MONTHS OF RAILROAD SERVICE AND IS NOT ELIGIBLE FOR RAILROAD RETIREMENT ANNUITY.

**WARNING:** Any intentional false statement in this claim or wilful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000, imprisonment of not more than five years, or both.

(18 U.S.C. 1001)

I CERTIFY that the information furnished by me in support of this claim is true and correct to the best of my knowledge and belief.

EMPLOYEE'S SIGNATURE

DATE

**SECTION 3 - For NRSO use only**

REVIEWED AND APPROVED

CHECKED WITH SOCIAL SECURITY ADMINISTRATION

BY

DATE

BY

DATE