QC's

REQUEST FOR STATEMENT OF EARNINGS

SOCIAL SECURITY NUMBER → 133 | 34 | 0729

DATE OF BIRTH → MONTH 3 | DAY 16 | YEAR 1945

Please send a statement of my social security earnings to:

NAME ALEEZA HOCHSTER (~~STULMAN~~)

STREET & NUMBER 1044 E. 15th st

CITY & STATE BROOKLYN N.Y. ZIP CODE 11230

Print Name and Address In Ink Or Use Typewriter

SIGN YOUR NAME HERE (DO NOT PRINT) Aleeza Hochster

Please RUSH

Sign your own name only. Under the law, information in your social security record is confidential and anyone who signs another person's name can be prosecuted.
If you have changed your name from that shown on your social security card, please copy your name below exactly as it appears on your card.

ALEEZA STULMAN

FORM OAR-7014a (11-75)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21235

SOCIAL SECURITY NUMBER 133-34-0729

We are pleased to furnish you information about your social security earnings. Shown below are the earnings now recorded for you.

PERIOD	EARNINGS
1937 THRU 1950	NONE
1951 THRU 1972	26,836.74
1973	666.72
1974	NONE
1975	1,500.00
1976 THRU SEP	3,500.00
TOTAL - 1937 THRU SEP 1976	$ 32,503.46

Our records may not show all the earnings a person had in the last calendar year because of the time required to receive and process reports.

One of the requirements for a person to receive benefits at retirement age or later is that he must work long enough under social security to give him an insured status. Insured status is measured in quarters of coverage and the number of quarters of coverage a person needs depends on the date of his birth. However, in no case will a person need more than 40 quarters of coverage at retirement age.

BASED ON THE DATE OF BIRTH YOU GAVE US, YOU NEED 40 QUARTERS OF COVERAGE TO BE INSURED FOR AT LEAST MINIMUM RETIREMENT BENEFITS. OUR RECORDS SHOW YOU NOW HAVE 36

The insured status information above applies only to retirement benefits. For information regarding eligibility for disability, survivors, or health insurance benefits, get in touch with the social security office most convenient to you.

If this statement does not agree with your own record, please get in touch with any social security office. Most questions can be handled by telephone or mail. Enclose the statement if you write or take it with you if you visit one of our offices. Unless you report an error within 3 years, 3 months, and 15 days after the year in which you were paid wages or after the taxable year in which you derived self-employment income, correction of our records may not be possible.

The enclosed booklet contains a brief summary of the social security program, information about your social security earnings record, and a further explanation of the action you should take if you do not agree with this statement. Answers to any specific question you have asked will be found on the pages checked in the booklet index. The people in any social security office will be pleased to answer other questions you may have about the social security program.

Director