

*Area Office*  
Chicago, Ill.

FEDERAL SECURITY AGENCY  
SOCIAL SECURITY BOARD  
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

*Field Office*  
Muncie, Ind.

## Certificate of Social Insurance Award

*This is to certify that*

*Date:* August 23, 1943

Mrs. Mabel M. Haas,  
1927 E. 17th St.,  
Muncie, Ind.

*Claim Number:* 307-07-3542E

*became entitled to Widow's Current Insurance Benefits under Title II of the Social Security Act, payable monthly.*

*Amount of regular monthly benefit will be* \$ 24.83.

*First month of entitlement to benefits is* July, 1943.

*The first check includes benefits for* July and August.

*The first payment is in the amount of* \$ 49.66.

*Payments will be mailed to you by the Treasury Department.*



*John J. Corson*

John J. Corson,  
Director

*See the reverse side of this certificate for the conditions under which these benefits are not payable, and for other important information.*

ALWAYS GIVE CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM



## **CONDITIONS UNDER WHICH THESE BENEFITS ARE NOT PAYABLE**

This insurance benefit is not payable for any month in which you work for wages of more than \$14.99 in employment that is covered by the Social Security Act. This does not mean that because you are entitled to monthly benefits you may not work, but simply that for those months when you do work and earn more than \$14.99 you will not be eligible to receive a benefit payment for yourself.

The benefit is also not payable for any month in which you do not have in your care a child of your deceased husband who is entitled to a child's insurance benefit.

Your entitlement to widow's current insurance benefits ends with the month preceding the month in which no child of your deceased husband is entitled to a child's insurance benefit (a child is no longer entitled when he attains 18 years of age, marries, is adopted, or dies) or you marry again.

Notice of the occurrence of any of the above events must be sent to the Social Security Board promptly, or certain penalties as provided by the Social Security Act may be imposed. A postal card which may be used to notify the Social Security Board was given to you when you filed your claim.

If you receive an insurance benefit check for any month in which any of the above events occurs, you should return the check to the—

**Treasury Department, Division of Disbursement**  
Located in the city shown on the face of your check

## **CHANGE OF ADDRESS**

Notify the Social Security Board and your local post office immediately of any change of address so that your monthly insurance benefit checks will not be delayed. A postal card which may be used to notify the Social Security Board was given to you when you filed your claim.

## **RECONSIDERATION OR HEARING**

A claimant for old-age and survivors insurance benefits has a right to a reconsideration or hearing if he does not agree with the decision on his claim. A request for a reconsideration or hearing should be made promptly, not later than 6 months from the date of this certificate, and should be made through the local field office of the Social Security Board.

**CONSULT THE FIELD OFFICE SHOWN ON THE FACE OF THIS CERTIFICATE, OR ANY OTHER FIELD OFFICE OF THE SOCIAL SECURITY BOARD, IF YOU HAVE ANY QUESTIONS CONCERNING YOUR CLAIM.**

**ALWAYS GIVE CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM**



FEDERAL SECURITY AGENCY  
SOCIAL SECURITY BOARD

BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

## IMPORTANT INSTRUCTIONS

### Widow's Current Benefits

Read this now—Keep it and read it again occasionally—it tells you what you must do after filing an application for Widow's Current Insurance Benefits under Social Security—If you do not understand it, ask us to explain it.

**EARNING MORE THAN \$14.99 IN ANY MONTH.**—Under the law, if you go to work on a job covered by the Social Security Act and earn more than \$14.99 in any month, no benefit payment can be made for that month. Under the law, also, you must notify the Social Security Board promptly of any such month. *If you do not notify the Board promptly, a penalty may be applied against your benefits and you may lose 2 months' benefits instead of only 1 for each month you work.*

Perhaps the following explanation will help you to understand the rules referred to above:

1. The rules apply *now*, even though you have not yet been notified that you will receive benefits. Of course, they will not apply if your claim is disallowed. To be safe you should notify the Board promptly of any month in which you earn more than \$14.99 on a job covered by the Social Security Act—BEGINNING NOW.
2. If you are in doubt as to whether a job is covered by the Social Security Act, call us, write us, or come in and ask us about it. We will be glad to help you.
3. Remember, that the most that you can earn in any month without notifying the Board is \$14.99. If you earn *even one cent* more, you must notify the Board. *Do not be confused by the fact that your employer may take out part of your wages for social security.* For example, if you earn \$15 in a month, but are only paid \$14.85 because your employer takes out 15 cents for social security, you still have to notify the Social Security Board. The amount taken out is earned, even though it is not actually given to you.
4. If you do some work which you think will not amount to \$14.99, *be sure that you have not made a mistake in your figures.* For example, a claimant took a job working on Saturdays only. He was paid \$3 for each Saturday's work. He forgot that in some months there are five Saturdays. As a result, 1 month he earned \$15 and did not notify the Board. He lost 2 months' benefits instead of only 1, *because he was careless about keeping a record.*
5. In keeping a record, *be sure to include the value of anything that you receive as part of your wages.* For example, if your employer pays you partly in groceries, the value of the groceries must be considered as part of what you earn. If you work for an employer who furnishes your meals, or board and room, as part of your pay, you must include their value. If part or all of your pay is the rent of a house or an apartment, the value of the rent must be included. If you have any doubt as to the value of such things, we will be glad to help you.
6. *Do not depend upon your employer to keep the record.* He may forget to let you know when you earn over \$14.99. Remember, it is to your advantage to keep the record.
7. Remember, that you must notify the Board of the month in which you earn the amount, not necessarily the month in which you are paid. For example, a claimant earned \$15 in May and \$15 in June but was paid the entire amount of \$30 in June. He thought he had to report for June only because he was paid in June. He should have reported for both May and June because he earned \$15 in each of the 2 months.

**NOT HAVING CHILD IN YOUR CARE.** No benefit payment can be made to you for any month in which you do not have a child in your care. You must notify the Board promptly of any such month. Otherwise, a penalty may have to be applied against your benefits.

**CHILD NO LONGER ENTITLED; REMARRIAGE.** If you are found to be entitled to widow's current insurance benefits, your benefits must stop when there is no longer in your care a child of the deceased wage earner entitled to benefits (a child is no longer entitled when he attains 18 years of age, marries, is adopted, or dies), or if you should marry again. Notice of your remarriage must be sent to the Social Security Board promptly.

**CHANGE OF ADDRESS.** You should also notify the Social Security Board promptly if you change your address, to prevent possible loss of any check mailed to you.

**HOW TO NOTIFY THE BOARD.** If you change your address, fill out, sign, and mail the card we gave you, which has the words "Form OA-C 511" in the upper left corner. If you wish to notify the Board of any other event mentioned in this letter, fill out, sign, and mail the card which has the words "Form OA-C 518" in the upper left corner.

If you should lose either one or both of these cards, we shall be glad to furnish you some more.

**Always Mention the Wage Earner's Social Security Account Number When Writing About Your Claim.**

This Account Number is 307-07-3542

**FEDERAL SECURITY AGENCY  
SOCIAL SECURITY BOARD**

**CHICAGO, ILLINOIS**

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**OFFICIAL BUSINESS**

**PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300**

**SOCIAL SECURITY BOARD,  
Bureau of Old-Age and Survivors Insurance,  
188 West Randolph Street,  
Chicago, Illinois**

**AREA OFFICE**

## NOTICE OF CHANGE OF ADDRESS

CLAIM No. \_\_\_\_\_ DATE \_\_\_\_\_

My monthly benefit check is now addressed to me as follows:

1. \_\_\_\_\_  
(P. O. box or street) (City) (County) (State)

You are authorized and requested to send my checks, until further notice, to my new address:

2. \_\_\_\_\_  
(P. O. box or street) (City) (County) (State)

Usual signature \_\_\_\_\_

This change is: Permanent ☐ Temporary ☐

(If you expect to move again within 3 months, mark "Temporary;" otherwise mark "Permanent." Your checks will be mailed to the address shown on line 2 until you authorize a further change.)



FEDERAL SECURITY AGENCY  
SOCIAL SECURITY BOARD


WASHINGTON, D. C.

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300

SOCIAL SECURITY BOARD,

Federal Security Agency,

Area Office, 

Chicago, Illinois

Bureau of Old-Age and Survivors Insurance

NOTICE OF CHANGE OF ADDRESS

1. Name -----  
(Print or type) (First) (Middle initial) (Last)
2. Claim No. ----- My monthly benefit check is now addressed  
to me at—
3. -----  
(Street and number) (City or town) (County) (State)
4. You are authorized and requested to send my checks, until further notified,  
to the following address:
5. -----  
(Street and number) (City or town) (County) (State)
6. Date ----- Signature -----
7. This change is: Permanent ☐  
Temporary ☐
- (If you expect to return to your old address within 3 months, mark "Temporary"; otherwise mark "Permanent." Your checks will be mailed to the address shown on line 5 until you authorize a further change.)