

### CERTIFICATION BY RELIGIOUS GROUP

(Regarding tenets or teachings on acceptance of insurance benefits and provision for dependent members)

Full Name and Mailing Address of Religious Group

Print Your Name (First name, middle initial, last name)

I am the \_\_\_\_\_ (Title) \_\_\_\_\_ and a duly appointed and authorized spokesman for the religious group named above and certify the following information regarding this religious group:

1. Do the established tenets or teachings of this religious group oppose the acceptance of benefits of any private or public insurance which makes payments in the event of death, disability, old-age, or retirement or makes payments toward the cost of, or provides services for, medical care, including the benefits of any insurance system established by the Social Security Act?

*If "Yes," submit documents, statements, or other writings to support your answer.*  Yes  No

2. Is it the practice of this religious group to make provision for their dependent members?

*If "Yes," briefly describe how dependent members are provided for and submit documents, statements, or other writings to support your answer.*  Yes  No

3. (a) Has this religious group been in existence at all times since December 31, 1950?  Yes  No

(b) Enter the date this religious group was established. DATE ESTABLISHED (if unknown, so indicate)

Submit any available documents, writings, or other evidence to support your answers to (a) and (b) above.

Answer 4 only if this religious group was established after December 31, 1950.

4. (a) Is this religious group a division or offshoot of another religious group with similar tenets and teachings?

Yes  No

*If "Yes," answer (b), (c), and (d) below. If "No," go on to item 5.*

(b) Enter the full name of the group of which this group is a division or offshoot.

(c) Enter the date the religious group in (b) above was established

DATE ESTABLISHED (if unknown, so indicate)

(d) Are the tenets, teachings and practices of the religious group in (b) above identical to those described in items 1 and 2 above?

Yes  No

*If "No," explain the differences.*

Multiple horizontal lines for providing an explanation of differences.

5. Have the tenets, teachings and practices of this religious group (and, if applicable, the group of which it is a division or offshoot) been the same as shown in items 1, 2, and 4 above at all times since December 31, 1950, or if later, the date the religious group was established?

Yes  No

*If "No," explain any changes and indicate when changes took place.*

Multiple horizontal lines for providing an explanation of changes.

6. I understand that it is the obligation of the group spokesman to notify the Social Security Administration in the event there is any change in the tenets, teachings and practices of this religious group as indicated above.

## Privacy Act Statement

### Collection and Use of Personal Information

Section 211(c)(6) of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on the tax exemption eligibility for the religious group.

We will use the information to verify that members meet or continue to meet the criteria for exemption. We may also share your information for the following purposes, called routine uses:

- To officers and employees of Federal, State or local agencies upon written request in accordance with the Internal Revenue Code (IRC) U.S.C. 6103(1)(7)), tax return information (e.g., information with respect to net earnings from self-employment, wages, payments of retirement income which have been disclosed to the Social Security Administration, and business and employment addresses) for purposes of, and to the extent necessary in, determining an individual's eligibility for, or the correct amount of, benefits under certain programs listed in the IRC; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-00059, entitled Earnings Recording and Self-Employment Income System as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1819. Additional information and a full listing of all our SORNs is available on our website at <https://www.ssa.gov/privacy>.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**

SIGNATURE

TITLE

DATE