

Carolyn/Maria

On R. Parr's advice, I guess, Donna Stanfield refused to sign the SSA-21 the transfer document which is required by the Social Security Administration for transfer of SSA benefits from the USA to Guyana. If she plans to remain in Jonestown, this document needs to be completed and signed and returned to us here in San Francisco. She also gave us 2 different addresses: Box 336, Moss Beach, CA and 2560 Fleetwood, San Bruno, and we need to know to which of these addresses ~~we~~ her checks come.

She also gets a pension from the Emporium Department Store (\$52.89/mo.), so we need a letter from her to them saying that she would like for them to stop sending her checks to where ever they were sent previously and forwarded on to her Guyana address.

The "Notice of Missing Social Security Check" is included in case you need it. As she would sign nothing but her Immigration forms when she was here, we have no Power of Attorney forms, nor automobile transfer documents from her. Please have her sign the Post Office address change cards and return them to us too.

The above mentioned materials will be included in an envelope marked for Maria. A list of her relatives, their names, addresses and relationship to her would be helpful, but not quite as important as the above mentioned things.

Phyllis 10/12

Phyllis

X-3-f-28 -

NOTICE OF MISSING SOCIAL SECURITY CHECK <i>(Please note information on reverse side.)</i>		SSA USE ONLY	Regional Disbursing Center <i>(Circle one)</i>				
NAME OF INDIVIDUAL(S) TO WHOM MISSING CHECK IS PAYABLE <i>(PLEASE PRINT)</i>		BIR CH KC NY PH SF					
		SOCIAL SECURITY CLAIM NO.					
		DATE OF CHECK	ISSUED FOR MONTH OF				
The above described check was <i>(check applicable box)</i> . <input type="checkbox"/> Not Received							
Received, but		(a) <input type="checkbox"/> Destroyed <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	(b) Was it endorsed?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you changed your mailing address in the past six weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No							
I/we wish to make formal claim to the Treasury Department for stoppage of payment and the issuance of a substitute check. <i>(Both husband and wife must sign if co-payees of a combined check.)</i>							
SIGNATURE OF PAYEE		ADDRESS (include zip code)			TELEPHONE		
SIGNATURE OF CO-PAYEE					DATE		
FOR TREASURY DEPARTMENT USE ONLY							

JTC402804

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved, OMB No. 72-R0995

DO NOT WRITE IN THIS SPACE

NOTICE OF MISSING SOCIAL SECURITY CHECK

This refers to your inquiry about a missing check. If the check is still missing, please complete the other side of this card and return it in the preaddressed envelope. No postage is needed.

NO FURTHER ACTION WILL BE TAKEN ON THE CHECK UNLESS THIS CARD IS RETURNED.

Upon receipt, this notice will be forwarded to the Treasury Department so that the matter can be investigated and settled as soon as possible. If appropriate, the U. S. Secret Service will investigate the case. If more information is needed, the Treasury Department will get in touch with you. If you receive the check before you hear from the Treasury Department, please notify the Social Security office.

SOCIAL SECURITY ADMINISTRATION

Address _____

FORM SSA-735 (3-73) JTC402803



SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES
(To be completed by or on behalf of person who is, was, or will be outside the U.S.)

For social security purposes a person is outside the United States if he is physically outside the 50 States, the District of Columbia, Puerto Rico, Virgin Islands, Guam, and American Samoa.

1.	NAME OF WORKER ON WHOSE EARNINGS THIS CLAIM IS BASED	WORKER'S SOCIAL SECURITY NUMBER
2.	PRINT YOUR NAME (If you are filling application on behalf of an incompetent adult, enter his or her name in this space and answer all subsequent questions on this questionnaire FOR him.)	YOUR U.S. SOCIAL SECURITY NUMBER 472-18-6827

CITIZENSHIP

3.	(a) At the time of your birth, of what country (or countries) were you a citizen?	NAME OF COUNTRY (or countries)
	(b) Have you ever become a citizen of any country other than the country or countries shown in (a) above? If "Yes," give the name of the country and explain how and when citizenship was acquired.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) Of what country (or countries) are you now a citizen?	NAME OF COUNTRY (or countries)
	(d) Do you have a valid passport? If "Yes," give the following information:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DATE ISSUED	PASSPORT NUMBER
		NAME OF GOVERNMENT THAT ISSUED PASSPORT
	IF YOU ARE A U.S. CITIZEN, answer (e) and (f) below. If you are not a U.S. citizen, go on to question 4.	
	(e) After becoming a U.S. citizen, have you ever been employed by a foreign government either in a civilian or military capacity? If "Yes," explain when and where.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(f) After becoming a U.S. citizen have you ever been convicted of any crime against the U.S.? If "Yes," explain what crime(s), when, and where.	<input type="checkbox"/> Yes <input type="checkbox"/> No

PHYSICAL PRESENCE IN THE U.S.

4.	(a) Have you ever been physically present in the U.S. at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Are you now physically present in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," enter the date you plan to leave the U.S.	MONTH, DAY, YEAR
	If "No," enter the date you left the U.S.	MONTH, DAY, YEAR
	(c) When do you plan to return to the U.S.?	MONTH, DAY, YEAR
	(d) Did you enter or leave the U.S. at any time during the past 24 months? If "Yes," give the following information concerning each of your arrivals and departures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DATE OF ARRIVAL (Month, day, year)	DATE OF DEPARTURE (Month, day, year)
		ADDRESSES OF PLACES YOU LIVED OR VISITED IN THE U.S.

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EMPLOYMENT - SELF-EMPLOYMENT

A person is employed if he performs services for someone else and receives cash payment or other compensation for these services. This includes any part-time work or summer work by a child, or work by a child as an apprentice.

A person is self-employed if he has a business either by himself or with one or more partners. Some examples of self-employment are raising fruit, crops or livestock for sale, taking in sewing or laundry, providing services as a tutor, lawyer, or physician, etc. The amount of earnings (or loss) has no effect on whether the person is considered self-employed.

5. (a) Have you been employed or have you engaged in self-employment outside the U.S. during any of the past 24 months including the present month? Yes No
- (b) If you are still in the U.S. will you engage in employment or self-employment outside the U.S.? Yes No

Give the following information about your employment or self-employment outside the U.S.

NAME AND ADDRESS OF EMPLOYER <small>(If self employed, show "self" and name and address of your trade or business.)</small>	TYPE OF BUSINESS	EMPLOYMENT OR SELF-EMPLOYMENT	
		DATE BEGAN OR WILL BEGIN	DATE ENDED <small>(If not ended, leave blank)</small>

CHANGES TO BE REPORTED PROMPTLY TO THE SOCIAL SECURITY ADMINISTRATION

Notify the Social Security Administration promptly if, while outside the U.S.:

- (1) you become employed or self-employed while under age 72
- (2) there is any change in your citizenship
- (3) you go into a different country for more than 1 month.

6. (a) Do you agree to notify the Social Security Administration promptly when any of the above events occur? Yes No

FAILURE TO REPORT EMPLOYMENT OR SELF-EMPLOYMENT PROMPTLY AS AGREED MAY RESULT IN THE LOSS OF MONTHLY BENEFITS

- (b) Do you also agree to return promptly any check for benefits received by you if you are not entitled to it? Yes No

MAILING ADDRESS

All social security checks are sent to the beneficiary's place of residence unless there is a valid reason for sending checks in care of another person or to another address.

7. (a) Give the complete address of residence abroad. (The place outside the U.S. where you now live or intend to live.) *AGRICULTURAL PROJECT
NEAR PART KAITUMA, NW.R.
GUYANA, South AMERICA*
- (b) Show the address to which checks are to be sent.
*P.O. Box 893
GEORGETOWN, GUYANA*
- (c) If you cannot receive checks at the place where you live, please explain why.
there is NO reliable mail delivery to interior of GUYANA.

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INFORMATION ABOUT THE WORKER NAMED IN ITEM 1. (If you are the worker, give the information about yourself.)

8. (a) Did the worker live in the U.S. for at least 10 years (i.e., make his temporary or permanent home in the U.S.)? Yes No

If "Yes," check the block which indicates the total time the worker lived in the U.S.:

- 10-19 Years 20-29 Years 30-39 Years
 40-49 Years 50-59 Years 60-97 Years

and, indicate the address--or combination of addresses--which will describe 10 years of United States residence.

ADDRESS IN U.S. AT WHICH WORKER LIVED	DATE WORKER'S RESIDENCE BEGAN		DATE WORKER'S RESIDENCE ENDED	
	MONTH	YEAR	MONTH	YEAR
331 VERMONT, MOSSBEECH, CA		1962		1978

(If additional space is needed, use REMARKS SECTION on last page.)

(b) If the worker named in Item 1 is now deceased, did he die while in the military service of the U.S. or as a result of disease or injury incurred or aggravated in the military service of the U.S.? Yes No
 If "Yes," explain.

(c) Name the country of which the worker is a citizen. (If deceased, name the country of which he was a citizen at time of death.) NAME OF COUNTRY OR COUNTRIES

An explanation of the special circumstances that affect payment of benefits to beneficiaries outside the U.S. is given in the booklet SSA-609, "Your Social Security Check--While You're Outside the United States"

YOU SHOULD, HOWEVER, MAKE SPECIAL NOTE OF THE FOLLOWING:

- I. Your benefits are not payable for any month in which:
- A. You (while under age 72) engage in noncovered remunerative activity outside the United States on 7 or more different calendar days during a month, OR
 - B. The worker (while under age 72) on whose account you are receiving benefits engages in noncovered remunerative activity outside the United States on 7 or more different calendar days during a month.
- A person is engaged in noncovered remunerative activity on 7 or more different calendar days a month, regardless of the amount of earnings and the number of hours worked on any particular day, if:
- (1) he is carrying on a trade or business outside the United States as sole owner or partner on 7 or more different calendar days a month, and his net earnings from self-employment are not subject to United States social security taxes, OR
 - (2) he is employed (this includes stand-by employment) to perform services as an employee on 7 or more different calendar days a month and his wages are not subject to United States social security taxes, OR
 - (3) any combination of (1) and (2), amounting to 7 or more days a month.
- II. If you are not a citizen or national of the United States, your benefits may not be payable for any month after you have been outside the United States for 6 consecutive calendar months. When your benefits are withheld for that reason, they cannot be resumed until you have been in the United States for a full calendar month.
- (Aliens receiving benefits on the earnings record of a deported wage earner will not receive benefits if they are outside the United States any part of a month following his deportation.)

(Over)

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SUPPLEMENTARY MEDICAL INSURANCE

Medicare's Supplementary Medical Insurance helps pay doctor bills and other medical services. Except for certain unusual cases, however, involving medical care in Canada and Mexico, no Medicare services are provided outside the United States. There is a

monthly premium charged for Supplementary Medical Insurance. Since you may cancel your Supplementary Medical Insurance at any time, and thereby eliminate payment of the premium, you should consider whether you wish to retain Supplementary Medical Insurance.

9. (a) Are you now enrolled in Medicare's SUPPLEMENTARY MEDICAL INSURANCE (Part B)? Yes No
If "Yes," answer (b).
- (b) Do you wish to terminate your enrollment to Supplementary Medical Insurance at this time? Yes No
If your answer to 9(b) is "yes", and this is the second time you have terminated such enrollment, you will not again be permitted to enroll for Supplementary Medical Insurance.

REMARKS (You may use this space for any explanations. If you need more space, attach a separate sheet.)

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, by fine, imprisonment or both. I affirm that all information I have given, in this document and elsewhere, is true.

SIGNATURE OF APPLICANT	Date (Month, day, year)
Signature (First name, middle initial, last name) (Write in ink)	Telephone Number(s) at which you may be contacted during the day
SIGN HERE	
Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)	

City	Postal Code	Enter Name of Country in which you now live
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Witnesses are required ONLY if this application has been signed mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (Number and street, City, Country & Postal Code)	Address (Number and street, City, Country and Postal Code)