



DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 72-R0442

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT <u>Mykola Lebed</u>	SOCIAL SECURITY NUMBER <u>2 3</u>
NAME OF PERSON MAKING STATEMENT (If other than above wage earner, self-employed person, or SSI claimant)	RELATIONSHIP TO WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that—

~~The reason my 1976 earnings will be less than \$2,760 is that~~
~~I am retiring at age 65, in accordance with personnel policies of my~~
~~company. My position of vice-president with Prolog Corporation is being~~
~~abolished due to budgetary considerations and reduced research activity.~~
~~My present duties will be assumed by the other incumbent vice-president.~~

Form SSA-795 (8-74)

(OVER)

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCE METHOD EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2005

COORDINATION WITH HEW/SSA