

## Guidelines for Completing the Government to Government Services Online Account Modification/Deletion Form

The eData Account Modification/Deletion form is used by the Sponsor to request deletion or modification of an eData Account. Once the request is processed, the eData Administrator will forward the completed form back to the Sponsor with an updated status, a completion date and the contact person identified.

*Input all fields unless otherwise specified.*

| REQUEST INFORMATION   |   |
|---|---|
| <b>Date of Request</b>  | Enter the date that the request is sent to the eData Administrator.   |
| <b>Type of Request</b>  | Enter <b>Account Modification</b> or <b>Account Deletion</b> . <b>Note:</b> Deletion requests for organizational shared accounts will delete the entire account where no one on that account will have access to the website.   |
| <b>Rationale:</b>   | State why this request is being made.   |
| MODIFICATION REQUEST  |   |
| <b>Select the utilities to which the user will need to access</b>   | If this request is for an Account Modification, identify which utilities the user(s) will require access.   |
|   | <p>Select the functions below that apply to every user on this account. <b>Select all of the utilities that apply:</b></p> <p><b>B</b> – State government agencies sending <b>Birth</b> records to SSA.</p> <p><b>BL</b> – Federal/State government agencies sending <b>Black Lung</b> records to SSA.</p> <p><b>D</b> – State government agencies sending <b>Death</b> records to SSA.</p> <p><b>DE</b> – This user will exchange files via the <b>Data Exchange</b> application.</p> <p><b>FF</b> – FBI, State government and law enforcement agencies send <b>Fugitive Felon</b> warrant information to SSA.</p> <p><b>IAR</b> – State government agencies sending <b>Interim Assistance Reimbursement</b> files to SSA.</p> <p><b>OCSE</b> – Federal government agencies sending <b>New Hire, Quarterly Wage, and Federal Parent Locator System</b> data to SSA for OCSE.</p> <p><b>Prisons</b> – A <b>Prison</b> representative notifying SSA of incoming prisoners.</p> <p><b>SM</b> – <b>Secure Messaging</b> users that require encryption of sensitive email messages.</p> <p><b>SW</b> – <b>Sheltered Workshops</b> send payroll information to SSA Field Offices (FO).</p> <p><b>DD</b> – Financial institutions submitting <b>Direct Deposit</b> information.</p> <p><b>OTHER</b> – Select this item for a newly established utility not yet displayed on the registration form. Annotate the utility name in the Comments field.</p> |
| <b>Comments</b>   | Provide any comments, if desired. This field may also be used to identify a newly implemented utility for registration if not listed in the “Select Utilities field”.   |
| USER ACCOUNT INFORMATION  |   |
| <b>User Name</b>  | Enter the user’s full name. If this request is for an organizational shared account, enter the main contact’s full name.  |
| <b>Organization Name</b>  | Enter the name of the organization affiliation, if any. If this request is for an organizational account, the organization name is mandatory.   |
| <b>Organization ID</b>  | Unique identifier required for all Data Reporting applicants (Birth/Death, Black Lung, Fugitive Felon, IAR, New Hire/Quarterly Wage, Prison, etc.) This identifier is used within the account grouping format.  |
| <b>Email Address</b>  | Enter the user’s email address  |
| <b>Phone</b>  | Enter the user’s phone number,  |
| SPONSOR INFORMATION   |   |
| <b>Sponsor Name</b>   | Enter the Sponsor contact’s full name.  |
| <b>Phone</b>  | Enter the Sponsor’s phone number. <b>Include the area code.</b>   |
| <b>Office</b>   | Enter the Sponsor’s office designation.   |
| ACCOUNT STATUS – Completed by eData Administrator   |   |
| <b>Status</b>   | Indicates the status of the account modification/deletion request: <b>Request Submitted</b> or <b>Request Processed</b> .   |
| <b>Completion Date</b>  | Defines when the account modification/deletion was processed.   |
| <b>Processed By</b>   | The name of the eData Administrator that processed this request.  |
| <b>Phone</b>  | The phone number of the eData Administrator that processed this request.  |
| <b>Comments</b>   | eData Administrator comments or suggestions for the Sponsor.  |
| <b>Once the Sponsor completes the information above, forward the form in WORD format to: <a href="mailto:UIT.eData.Mailbox@ssa.gov">UIT.eData.Mailbox@ssa.gov</a></b> |   |