

SOCIAL SECURITY
Office of Quality Performance
AIPQB ADDRESS
AIPQB PHONE NUMBER

Date:

Employer Name.
Address
City, State Zip Code

To:

I work in the Social Security Administration's Office of Quality Performance. We are reviewing **earnings reports** that we cannot process. These are **earnings reports** that an employer **submitted** but we cannot assign to the worker's earnings record, because the names and Social Security numbers reported do not match the names and Social Security numbers in our records. It is important that we credit the earnings to the proper worker. We use these records to decide if someone is entitled to Social Security retirement, disability, or survivors benefits, and to decide how much he or she can receive.

In the enclosed questionnaire, we are requesting information from you to ensure our records are correct. The information may help identify problems that prevent us from posting earnings to the correct worker's record. Please be assured that we are only using this information to update our internal records. Except as discussed on the following page, we will not share this information with any outside government agency or other party. We will not use it to take any legal or other action against you. We would appreciate your completing the questionnaire. It will help us identify problems that may exist in our processes.

Thank you

Analyst
Title
Phone number

Privacy Act Statement for DECOR OQP Study

Sections 205(a), 1631(d) and 1631(e), of the Social Security Act, as amended, authorize us to collect this information. The information is needed to permit the Social Security Administration (SSA) to review and revise the existing Educational Correspondence and Decentralized Correspondence process, which is used to correct wage earners' information and properly credit wages. The information you furnish on this form is voluntary.

We rarely use the information you supply for any purpose other than reviewing and revising the existing Educational Correspondence and Decentralized Correspondence process. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to: (1) to enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veteran Affairs); (3) to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; (4) to State agencies to assist in the determination process for initial and continuing eligibility in their income maintenance programs; and (4) to facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded and administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in Systems of Record Notice 60-0059. The notice, additional information regarding this form, and information regarding our programs and systems, is available on-line at www.socialsecurity.gov or at your local Social Security office.