

Authorization to Obtain Earnings Data from the Social Security Administration

Mail completed form to:	Social Security Administration Wilkes Barre Data Operations Center PO Box XXXX 1150 East Mountain Drive Wilkes Barre, PA XXXXX	Requesting organization:	RA PENF 09 XXXX Pension Fund Name Street City, State, ZIP
-------------------------	--	--------------------------	--

Number Holder's Information

First Name:	<input style="width: 480px; height: 25px;" type="text"/>	Middle Initial:	<input style="width: 30px; height: 25px;" type="text"/>
Last Name:	<input style="width: 700px; height: 25px;" type="text"/>		
SSN:	<input style="width: 300px; height: 25px;" type="text"/>		
Date of Birth:	<input style="width: 40px; height: 25px;" type="text"/> -- <input style="width: 40px; height: 25px;" type="text"/> -- <input style="width: 100px; height: 25px;" type="text"/>	Date of Death:	<input style="width: 40px; height: 25px;" type="text"/> -- <input style="width: 40px; height: 25px;" type="text"/> -- <input style="width: 100px; height: 25px;" type="text"/>
	Month Day Year		Month Day Year
Other First, Middle Initial, and Last Name Used to Report Earnings:	<input style="width: 700px; height: 25px;" type="text"/>		
Periods Requested:	<input style="width: 40px; height: 25px;" type="text"/> -- <input style="width: 100px; height: 25px;" type="text"/>	through	<input style="width: 40px; height: 25px;" type="text"/> -- <input style="width: 100px; height: 25px;" type="text"/>
	Month Year		Month Year
	<input style="width: 40px; height: 25px;" type="text"/> -- <input style="width: 100px; height: 25px;" type="text"/>	through	<input style="width: 40px; height: 25px;" type="text"/> -- <input style="width: 100px; height: 25px;" type="text"/>
	Month Year		Month Year



I am the individual to whom the record/information applies or that person's parent (if a minor) or legal guardian, or a person who is authorized to sign on behalf of the individual to whom the record/information applies. Please furnish the requesting organization, or its designees, an itemized statement of all amounts of earnings reported to my record, or to the record identified above, for the periods specified on this form. Please include the identification numbers, names, and addresses of the reporting employers. **I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.**

Signature of Number Holder (or authorized representative)		Date	<input style="width: 40px; height: 25px;" type="text"/>	--	<input style="width: 40px; height: 25px;" type="text"/>	--	<input style="width: 100px; height: 25px;" type="text"/>
Printed Name (if other than number holder)			Relationship (if other than number holder)				
Address			<input type="checkbox"/> Natural or adoptive parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____				
State			Phone Number				
City			ZIP Code				

Requesting Organization's Information

Signature of Organization Official		Date
Phone Number		Fax Number

FOR SSA USE ONLY

1
 2
 3
 4



IMPORTANT INFORMATION

Privacy Act Notice

Section 205 (c) (2) (A) of the Social Security Act allows us to ask for the information you give us on this form. The information is needed so that the Social Security Administration can quickly identify your record or the record of the deceased individual who is the subject of a request you are making and prepare the earnings statement you want. You do not have to give us this information. However, without the information we may not be able to process your request. The information you provide will be used primarily for issuing the earnings statement you request. The information you provide may be given out if a Federal law requires that we give out the information; if a Congressman or the President's office needs this information to answer questions you ask them; or the Department of Justice needs the information for investigating or prosecuting violations of the Social Security Act.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about the reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

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 control number. We estimate that it will take 2 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to SSA, 6401 Security Boulevard, Baltimore, MD, 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**