## Authorization to Obtain Earnings Data from the Social Security Administration

completed form to:	Social Security Adm Wilkes Barre Data C PO Box XXXX 1150 East Mountain Wilkes Barre, PA XX	Operations Center  n Drive	Requesting organization:	RA PENF 09 XXXX Pension Fund Name Street City, State, ZIP	
		Number He	older's Informati	on	_
First Name:				Middle Initial:	
Last Name:					
SSN:					
Date of Birth:	Month Day	Year	Date of Death:	Month Day Year	
Other First, Middle Initial, and Last Name Used to Report Earnings:					
Periods Requested:		through ear through	Month  Month  Month	Year Year	
who is authorized organization, or identified above the reporting er	ed to sign on behalf of its designees, an iten e, for the periods speci nployers. <b>I declare u</b> i	f the individual to who nized statement of all ified on this form. Ple nder penalty of perj	or that person's pa om the record/inforr I amounts of earnin ease include the ide ury that I have exa	rent (if a minor) or legal guardian, or a person mation applies. Please furnish the requesting gs reported to my record, or to the record entification numbers, names, and addresses of amined all the information on this form, and the best of my knowledge.	
Signature of Number Holder (or authorized representation			ive)	Date	1
Printed Name (if other than number holder)				Relationship (if other than number holde	<u>-</u> ∍r)
Address			State	☐ Legal Guardian ☐ Other (specify)	
City			ZIP Code	Phone Number	
		Requesting Org	ganization's Info	rmation	_
Signature of O	rganization Official			Date	
Phone Number	er		Fax Number		
FOR SSA USE	ONLY	<u> </u>	3		

## **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 <u>Paperwork Reduction Act of 1995</u>. 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 <u>only</u> comments relating to our time estimate to this address, not the completed form.**