

**Tracking Number** – an eight (8)-position alphanumeric number used to uniquely identify each name and SSN verification request submitted before 8/25/07.

**User Certification Statement** – a statement to which a BSO registered user must attest, certifying they have read, understood, and agreed to the terms of use for BSO.

**User ID** – User Identification Number; a unique value issued by SSA to the user at BSO registration that identifies the individual. This value must be entered to gain access to BSO.

**Verification** – the act or process of establishing the truth, accuracy or reality of something.

## **APPENDIX A**

### **ADDITIONAL VERIFICATION OPTIONS Employee Verification Service (EVS)**

**NOTE:** SSA no longer accepts EVS requests on diskette, cartridge or tape.

The following instructions are for employers and third-party submitters who wish to submit SSN verification requests to SSA via paper or telephone. EVS requests can be submitted at any time and are processed within 24 hours.

There are three (3) EVS methods to choose from based on the number of employee names/SSNs that you want to verify:

- **1 to 5 Name/SSN Requests**
  - Call our toll-free number for employers, 1-800-772-6270 or the general SSA number at 1-800-772-1213. Both numbers are open for service weekdays from 7:00 a.m. to 7:00 p.m., Eastern Standard Time.
  - You must have the following information for each verification request.
    - Social Security Number
    - Last Name, First Name, Middle Initial
    - Date of Birth (MMDDYYYY)
    - Gender Code (M-Male; F-Female)
- **1 to 50 Name/SSNs Requests**
  - Submit on paper to your local SSA office. Your local office will provide you with format and submission instructions. Some offices accept faxed listings. You can find your local SSA Office by going to [www.ssa.gov](http://www.ssa.gov) and selecting the *Find a Social Security Office* link in the right-hand menu.

- o This listing may be formatted across the page in a columnar format, such as:

Social Security Number	Last Name	First Name	Middle Initial	Date of Birth	Gender Code
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- **50 to 300 Name/SSN Requests**

- o A simple registration process is required for verification requests of more than 50 names/SSNs.
  - Below are the EVS registration instructions for both individual employers and third-party submitters:
    1. Complete the EVS registration form, found at [www.ssa.gov/employer/ssnvadditional.htm](http://www.ssa.gov/employer/ssnvadditional.htm). The company's address should show a street address, city, state and ZIP code. A P.O. Box may be included in the address, but a P.O. Box alone will not be accepted. The registration form must be signed by a manager or authorized official of the company. The title of the signer must follow the signature.
    2. There are two Federal privacy act statements included - one for individual employers and one for third-party submitters found at [www.ssa.gov/employer/ssnvs\\_handbk.htm](http://www.ssa.gov/employer/ssnvs_handbk.htm) under Additional Verification Options. Sign and date the appropriate form. **Keep a copy of your privacy act statement.** You will need to send a copy of the statement with each listing you want verified.
    3. Mail or fax both the registration form and privacy act statement to:  
Social Security Administration  
OCO, DES, EVS  
300 N. Greene Street, 5-E-10 North Building

Baltimore, Maryland 21290-0300  
Fax (410) 966-3366 or (410) 966-9439

- Once SSA has processed your registration request, we will mail you a Requester Identification Code. This code should be shown on your verification request and on any EVS correspondence with SSA concerning a change in address, contact person or telephone number. EVS correspondence should be sent to the address or fax number shown above. If you misplace your Requester Identification Code, call the EVS information line at (410) 965-7140.
- o Instructions for submitting paper listings to SSA for EVS verification.
  1. Format your listing to include the following data:
    - Social Security Number
    - Last Name, First Name, Middle Initial
    - Date of Birth (MMDDYYYY)
    - Gender Code (M-Male; F-Female)

This listing may be formatted across the page in a columnar format, such as:

Social Security Number	Last Name	First Name	Middle Initial	Date of Birth	Gender Code
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2. Send the paper listing, your 4-digit Requester Identification Code and a **signed copy of your privacy act statement to:**

Social Security Administration  
Wilkes-Barre Data Operations Center  
P.O. Box 6500  
Wilkes-Barre, PA 18767-6500

**NOTE:** Do not send paper listings to Baltimore or your local office with your registration form. Paper listings with 50 to 300 SSNs must be sent to the Wilkes-Barre address above.

**NOTE:** For 300 or more verification requests please use the Social Security Number Verification Service (SSNVS). For more information see "What is SSNVS and BSO?" section of this handbook.

Call the EVS information line, 410-965-7140, if you have questions or need additional information.

### ***What to Do If an SSN Fails to Verify***

Each SSN sent in the file will be returned to you with a verification code. If the verification code is blank, the record agrees with SSA's data file. Please annotate your records that this SSN has been verified.

If the verification code is not blank, follow these steps:

1. Ask to see the employee's Social Security card to ensure that the SSN and name were correctly shown on the file.
2. Check to see whether you made a typographical error. If so, correct the data and resend to SSA in a subsequent file. Please resend only the corrected data.
3. If the SSN shown on the card and the file match, ask the employee to check with any SSA Office or call 1-800-772-1213 to determine and correct the problem. Ask the employee to give you the corrected name for your payroll records.