

ACU: Screen Design

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1. Verify Your Identity



Social Security

Official Website of the U.S. Social Security Administration

Verify Your Identity

OMB No. 0960-0596
[Paperwork Reduction Act](#)

Please tell us who you are

Your Name:

As shown on your Social Security card.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	M.I.	Last	Suffix

Other Last Name:**Mother's Maiden Name:**

Enter the last name only.

Social Security Number (SSN):**Date of Birth:**

--	<input type="text"/>	<input type="text"/>
Month	Day	Year

Place of Birth:

United States or U.S. Territory Other

--
State/Territory

Your privacy is important.

For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

Terms of Service

- I understand that I may use this service only to access my personal information.
- I understand that this computer program contains U.S. Government information.
- I consent to the monitoring and recording of my use of this program to ensure its appropriate use.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records; or
 - Deceive the Social Security Administration of an individual's identity.
- I understand that unauthorized use of this service is a misrepresentation of my identity to the federal government and could subject me to criminal or civil penalties, or both.
- I understand that Social Security may stop me from using these services online if it finds or suspects misuse.

I agree to the Terms of Service.

Submit

Exit

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2. Verify Your Identity (NUMI Strike)



Social Security

Official Website of the U.S. Social Security Administration

Verify Your Identity

OMB No. 0960-0596
[Paperwork Reduction Act](#)



We're sorry, the information you provided does not match our records.

Please carefully review your information below and try again. If the information you provided is correct, you may need to [contact us](#) to correct your Social Security record.

Your privacy is important.

For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

Please tell us who you are

Your Name:

As shown on your Social Security card.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	M.I.	Last	Suffix

Other Last Name:

Mother's Maiden Name:

Enter the last name only.

Social Security Number (SSN):

Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

Place of Birth:

United States or U.S. Territory Other

State/Territory

Terms of Service

- I understand that I may use this service only to access my personal information.
- I understand that this computer program contains U.S. Government information.
- I consent to the monitoring and recording of my use of this program to ensure its appropriate use.
- I understand that it is a federal crime to

- Give false or misleading statements to obtain information in Social Security records; or
- Deceive the Social Security Administration of an individual's identity.
- I understand that unauthorized use of this service is a misrepresentation of my identity to the federal government and could subject me to criminal or civil penalties, or both.
- I understand that Social Security may stop me from using these services online if it finds or suspects misuse.

I agree to the Terms of Service.

Submit

Exit

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3. We're Sorry...



Social Security

Official Website of the U.S. Social Security Administration

We're sorry...



For your security, we have temporarily suspended electronic access to your records.

This will not affect your benefits. You may try to access your electronic information again after 24 hours. Please verify your personal information again before trying to use our online services.

If you need immediate help, please [contact us](#) to speak with a Social Security representative.

Exit

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4. PopUp (Paperwork Reduction Act)

Paperwork Reduction Act

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 (OMB) control number. The OMB control number for this collection is 0960-0596; expiration date XX/XX/XXXX.

We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: Social Security Administration, 6401 Security Blvd, Baltimore, MD 21235-6401.

[Close](#)

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5. PopUp (Privacy Act Statement)

Privacy Act Statement

Collection and Use of Personal Information

Section 205(a) of the Social Security Act, as amended authorizes us to collect this information. We will use this information to allow you access to our online services.

We need this information to identify who you are before we provide you with the information you are requesting. Your response is voluntary. However, failing to provide the requested information may prevent you from using our online services.

We do not use this information for any purpose other than authenticating your information and estimating your benefits for this application. Since the information is not maintained it cannot be shared with other entities.

[Close](#)

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