

Authorization to Obtain Earnings Data from the Social Security Administration

Mail completed form to: Social Security Administration
PO Box 33011
Baltimore, MD 21290-3011

Requesting Organization: **SSA Job No. 8### Index 01**
ABC World Pension Fund
2800 Jackson Street
Imaginary, HH 12345-1234

Revised highlighted language from "RA PENF 09 8XXX"

Removed "Division of Business Services"

Number Holder's Information

First Name: Middle Initial:

Last Name:

SSN: -- --

Date of Birth: -- -- Date of Death: -- --

Month Day Year Month Day Year

Other First Name Middle Initial and Last Name Used to Report Earnings:

Requested: **Year(s)** through

Y Y Y Y Y Y Y Y

through

Y Y Y Y Y Y Y Y

Removed months from this section

Revised highlighted language from "Period(s)"



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.**

Added the "MM-DD-YYY" to the Date section

Signature of Number Holder (or authorized representative)		Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Printed name (if other than number holder)		Relationship (if other than number holder) <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Legal Representative <input type="checkbox"/> Other (specify) _____
Address	State	Phone Number
City	ZIP Code	

Revised language from "Natural or Adoptive Parent" to "Spouse"; & from "Guardian" to "Representative"

Requesting Organization's Information

SSA must receive this form within 60 days from the date signed by the Number Holder (or Authorized Representative).

Signature of Organization Official	Date
Phone Number	Fax Number

Added the highlighted language.

FOR SSA USE ONLY

1 2 3 4



IMPORTANT INFORMATION

Privacy Act Statement Collection and Use of Personal Information

Revised PRA
language.

Section 205(c)(2)(A) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to obtain earnings data.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed.

We rarely use the information you supply us for any purpose other than to produce an itemized statement of earnings. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice 60-0059, entitled, Earnings Recording and Self-Employment Income System. Additional information about this and other system of records notices and our programs is available online at www.socialsecurity.gov or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

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 about 2 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***