CONSENT BASED SOCIAL SECURITY NUMBER VERIFICATION (CBSV)

SCREENSHOTS

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1. A Brief Overview of the Proposed Design

The following information is intended to help understand the design of the user interfaces described in this specifications document.

Screen Sequence:

1) Users log into the Business Services Online login screen.
2) Once in the CBSV application, the User must accept the terms and conditions on the Attestation page.
3) User fills in the SSN Verification fields. User may choose to enter them one at a time, or they may enter 10 at once.
4) On "Submit" the system checks to see if any of the birth dates indicate that the SSN holder is a minor under the age of 18. If any of the SSNs entered for verification are minors, go to the Minor Information page.
5) Minor: User must attest that they have the proper documentation with signatures for permission to verify the SSN of a minor. On "Submit" all SSNs (minors and non-minors) will be verified. User can then verify more SSNs or exit the system.
6) If non-minor: All SSNs will be verified. User can then verify more SSNs or exit the system

2. Attestation

Social Security
Official Website of the U.S. Social Security Administration

Consent Based SSN Verification

OMB No. 0960-0660
Paperwork Reduction Act

Proper Use of Consent Based SSN Verification Service (CBSV)

Proper Use of Consent Based SSN Verification Service (CBSV)

- SSA will provide SSN verification information only about individuals from whom you or your company has obtained valid consent forms.
- If a parent or legal guardian signs the consent form for a minor or legally incompetent individual, you or your company must retain documentation proving the relationship.
- SSA will verify SSNs solely for the purpose(s) specified on the individual consent forms associated with the verification requests. You or your company may use the verified SSNs only for the purpose(s) specified by the individual signing the consent form.
- Exceeding the scope of the consent could violate State or Federal law and subject the requesting party to legal consequences.
- Your company shall protect the confidentiality of consent forms (and the information contained on them) and protect the associated record of SSN verification.
- Notwithstanding any other provision of this agreement, SSA reserves the right to unilaterally suspend access to these services if SSA concludes that your company has failed to properly obtain consent or otherwise failed to follow the terms of the agreements associated with this service.
- Anyone who knowingly and willfully uses this service to request or obtain information from SSA under false pretenses violates Federal law and may be punished by a fine or imprisonment or both.

Terms of Service

User Certification for Use of CBSV - Please Read Carefully!

I certify that:

- I have read and understand the above section titled: "Proper Use of this Service.".
- I have read, understand, and agree to abide by the General Instructions in the Consent Based SSN Verification User Guide.
- I am verifying SSNs solely for the purpose(s) specified on the individual consent forms associated with the verification requests.
- I or the responsible company official has signed the User Agreement. If the responsible company official has signed the User Agreement then I certify that I am currently an employee of the company and am authorized to conduct business on its behalf.
- I understand that I or my company must be in physical possession of the signed consent forms prior to requesting verifications of the SSNs.
- I understand that I and/or my company may be subject to penalties if I knowingly and willfully request or obtain any record concerning an individual under false pretenses, including submitting fraudulent information or requesting SSN verifications without obtaining valid consent.

☐ I agree to the Terms of Service.

Next

Have a Question?

Call **1-888-772-2970** to speak with Customer Support. The hours are from 8:30 a.m. to 4:00 p.m. Eastern Time, Monday - Friday.

3. SSN Verification – Initial State (One SSN Entry)

Text Size ▾ | Accessibility Help

Social Security
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Consent Based SSN Verification

Enter SSNs To Be Verified

Manually enter and submit up to 10 Social Security Numbers, Dates of Birth, and Names to be verified by Social Security.

On the results page, the first five digits of the SSN will be masked.

Have a Question?

Call **1-888-772-2970** to speak with Customer Support. The hours are from 8:30 a.m. to 4:00 p.m. Eastern Time, Monday - Friday.

☐ Show 10 SSNs at once. ❓ What's this?

SSN #1

All information is required, unless noted optional.

Social Security Number (SSN):

Date of Birth:
[-- ▾] Month [ ] Day [ ] Year

Name:
Middle and Suffix are optional.

[ ] First [ ] Middle [ ] Last [-- ▾] Suffix

☐ Add Another SSN to Verify. ❓ What's this?

[**Verify SSN**] [Clear] [Exit]

3.1. Two (2) SSNs Shown at Once

☐ Show 10 SSNs at once. ❓ What's this?

SSN #1

All information is required, unless noted optional.

Social Security Number (SSN):

[   ]

Date of Birth:

| -- ▼ | | |
| Month | Day | Year |

Name:
Middle and Suffix are optional.

| [   ] | [   ] | [   ] | -- ▼ |
| First | Middle | Last | Suffix |

SSN #2   Delete

All information is required, unless noted optional.

Social Security Number (SSN):

[   ]

Date of Birth:

| -- ▼ | | |
| Month | Day | Year |

Name:
Middle and Suffix are optional.

| [   ] | [   ] | [   ] | -- ▼ |
| First | Middle | Last | Suffix |

☐ Add Another SSN to Verify. ❓ What's this?

[Verify SSNs] [Clear] [Exit]

3.2. Misuse Error (2 SSNs are the same)

☐ Show 10 SSNs at once. ❓ What's this?

SSN #1

All information is required, unless noted optional.

Social Security Number (SSN):

555-55-5555

Date of Birth:

-- ▼		
Month	Day	Year

Name:
Middle and Suffix are optional.

			-- ▼
First	Middle	Last	Suffix

SSN #2   Delete

All information is required, unless noted optional.

Social Security Number (SSN):

555-55-5555

Date of Birth:

-- ▼		
Month	Day	Year

Name:
Middle and Suffix are optional.

			-- ▼
First	Middle	Last	Suffix

☐ Add Another SSN to Verify. ❓ What's this?

⚠ **Potential CBSV Misuse Error**
You have entered identical Social Security Numbers multiple times. To deter potential misuse or fraud, we cannot process your request. Please check the information to verify if the information you submitted matches your records before resubmitting your data.

Note: Please press the "Clear" button before re-entering data to avoid multiple requests for the same Name or SSN.

- SSA will verify SSNs solely for the purpose(s) specified on the individual consent forms associated with the verification requests. You or your company may use the verified SSN only for the purpose(s) specified by the individual signing the consent form. Exceeding the scope of the consent could violate state or Federal law and subject the requesting party to legal consequences.

- SSA will provide SSN verification information only about individuals from whom you or your company has obtained valid consent forms.

- Your company shall protect the confidentiality of consent forms (and the information contained on them) and protect the associated record of SSN verification.

- Information provided by SSA in response to a SSN verification request may not be used for any purpose other than the purpose identified on the previously approved consent form.

- Notwithstanding any other provision of this agreement, SSA reserves the right to unilaterally suspend access to these services if SSA concludes that your company has failed to properly obtain consent or otherwise failed to follow the terms of the agreements associated with this service.

- Anyone who knowingly and willfully uses this service to request or obtain information from SSA under false pretenses violates Federal law and may be punished by a fine or imprisonment or both.

Clear   Previous   Exit

3.3. Help pop-up Show 10 SSNs

3.3.1. State1

Show 10 SSNs at once

Check the checkboox to enter up to 10 SSNs at one time ....

Close

3.4. Help for Add another SSN

3.4.1. Help pop-up Add another

Add Another SSN to Verify

Check the checkboox to add another area for another SSN verification...............................

Close

3.5. Ten (10) SSNs Shown at Once

☐ Show 1 SSN at a time. ❓ What's this?

SSN #1

All information is required, unless noted optional.

Social Security Number (SSN):

Date of Birth:

| -- ▼ | | |
| Month | Day | Year |

Name:
Middle and Suffix are optional.

| | | | -- ▼ |
| First | Middle | Last | Suffix |

SSN #2   Delete

All information is required, unless noted optional.

Social Security Number (SSN):

Date of Birth:

| -- ▼ | | |
| Month | Day | Year |

Name:
Middle and Suffix are optional.

| | | | -- ▼ |
| First | Middle | Last | Suffix |

SSN #3   Delete

All information is required, unless noted optional.

Social Security Number (SSN):

Date of Birth:

| -- ▼ | | |
| Month | Day | Year |

Name:
Middle and Suffix are optional.

| | | | -- ▼ |
| First | Middle | Last | Suffix |

SSN #4   Delete

All information is required, unless noted optional.

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

[   ]   [-- ▼]   [   ]   [   ]
                                Month   Day   Year

Name:
Middle and Suffix are optional.

[   ] [   ] [   ] [-- ▼]
First   Middle   Last   Suffix

SSN #5   Delete

All information is required, unless noted optional.

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

[   ]   [-- ▼]   [   ]   [   ]
                                Month   Day   Year

Name:
Middle and Suffix are optional.

[   ] [   ] [   ] [-- ▼]
First   Middle   Last   Suffix

SSN #6   Delete

All information is required, unless noted optional.

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

[   ]   [-- ▼]   [   ]   [   ]
                                Month   Day   Year

Name:
Middle and Suffix are optional.

[   ] [   ] [   ] [-- ▼]
First   Middle   Last   Suffix

SSN #7   Delete

All information is required, unless noted optional.

Social Security Number (SSN):

[   ]

Date of Birth:

[-- ▼] [   ] [   ]
Month   Day   Year

Name:
Middle and Suffix are optional.

[   ] [   ] [   ] [-- ▼]
First   Middle   Last   Suffix

SSN #8   Delete

All information is required, unless noted optional.

Social Security Number (SSN):

[   ]

Date of Birth:

[-- ▼] [   ] [   ]
Month   Day   Year

Name:
Middle and Suffix are optional.

[   ] [   ] [   ] [-- ▼]
First   Middle   Last   Suffix

SSN #9   Delete

All information is required, unless noted optional.

Social Security Number (SSN):

[   ]

Date of Birth:

[-- ▼] [   ] [   ]
Month   Day   Year

Name:
Middle and Suffix are optional.

[   ] [   ] [   ] [-- ▼]
First   Middle   Last   Suffix

SSN #10   Delete

All information is required, unless noted optional.

Social Security Number (SSN):

Date of Birth:

-- ▼   Month

Day

Year

Name:

Middle and Suffix are optional.

First

Middle

Last

-- ▼   Suffix

Verify SSNs   Clear   Exit

4. Minor Information

Text Size ▼ | Accessibility Help

Social Security
Official Website of the U.S. Social Security Administration

Consent Based SSN Verification

⚠ **Your Verification Request includes Verification of a Minor**
For minors (under age 18), you must have a proper signature on the SSA-89 and proof of the relationship. Please answer the following questions to proceed.

Have a Question?

Call **1-888-772-2970** to speak with Customer Support. The hours are from 8:30 a.m. to 4:00 p.m. Eastern Time, Monday - Friday.

SSN #1

Social Security Number (SSN):
555-55-5555

Date of Birth:
10/01/1995

Name:
Rebecca Youngston

Verifying the SSN of a minor requires the parent or legal guardian's signature. Do you have the proper signature on the SSA-89 and proof of the relationship?
◉ Yes
◉ No

Submit   Previous   Exit

4.1.1. Minor Error

If the user selects "No" for this question on the Minor page, and it's the ONLY question, the following error message will display and the buttons will swap from "Submit, Previous, and Exit" to "Previous and Exit". If any of the answers are "Yes", the user will be allowed to submit, even if there are "Noes" selected.

SSN #1

Social Security Number (SSN):
555-55-5555

Date of Birth:
10/01/1995

Name:
Rebecca Youngston

Verifying the SSN of a minor requires the parent or legal guardian's signature. Do you have the proper signature on the SSA-89 and proof of the relationship?

○ Yes

◉ No

⚠ For minors, you must have a proper signature on the SSA-89 and proof of the relationship.

Previous   Exit

5. SSN Results

Social Security
Official Website of the U.S. Social Security Administration

Consent Based SSN Verification Results

Results Information

The following table displays your submitted results. The first 5 digits of the SSN are masked.

- **No**- Data does not match Social Security Administration's records. Select What to do if an SSN Fails to Verify for more information.

- **Deceased**- Data matches Social Security Administration's records and our records indicate that the person is deceased. For more information, please contact our SSA CBSV User Information line at 1-888-772-2970 or email SSA at SSA.CBSV@ssa.gov or contact your local Social Security office. Select Field Office Locator to find the office nearest you.

- **Yes**- Data matches Social Security Administration's records.

Results Summary

Records Submitted:	3
No:	0
Deceased:	1
Yes:	2
Not Verified:	0

#	Results	SSN	First Name	Middle Name	Last Name	Suffix	Date of Birth
1	Deceased	XXXXX9999	STEPHANIE	-	EDWARDS	-	01/01/1955
2	Yes	XXXXX9999	JENNIFER	LYNN	BASS	-	02/28/1964
3	Yes	XXXXX9999	KATHLEEN	ANNE	CONNELLY	-	05/24/1972

Verify More SSNs   Exit

5.1. SSN Fails to Verify Pop-up

What To Do If An SSN Fails To Verify ✕

Follow these steps for each SSN that failed verification:

1. Compare the failed SSN to your records to see if you made a typographical error. Resend only the corrected data (not the entire submission).

2. If your records match what you submitted, ask the owner of the failed SSN to check his/her Social Security card and inform you of any name or SSN difference between your records and his/her card. If your records are incorrect, correct your records and resubmit the corrected data.

3. If your records and the name and SSN shown on the Social Security card match, ask the owner of the failed SSN to check with any local Social Security Office to determine and resolve the issue. Tell the SSN owner that once he/she has visited the Social Security Office, he/she should inform you of any changes. You should correct your records accordingly.

> ℹ **Important to Remember**
>
> The information you receive from CBSV, does not make any statement regarding a SSN owner's status.

6. Appendix B – Reference Materials

SSA Web Standards: This site provides useful information about the UEF for public-facing applications.

http://standards.ba.ssa.gov/

FlexWeb User Experience Framework: FlexWeb is a flexible, accessible, standards-based framework for rapidly constructing web-based user interfaces designed for maximizing the user experience.

http://eis.ba.ssa.gov/documentation/Flexweb/current/docs/sourcedocs/index.htm

6. Appendix B – Reference Materials