

# Bipartisan Budget Act (BBA) 826

Office of Management & Budget (OMB) Title II Screen Package Release 3 Comparison

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## **1. Document Version Information**

This document includes only screens added or updated in Release 3.

| Version<br>Number | Date       | Content Revisions   |  |  |  |
|-------------------|------------|---|--|--|--|
| 0.1               | 12/07/2017 | Screen 2.1.1 Pagination Wage Table w/Max Entries  |  |  |  |
|                   |            | New information text box added and "Add pay period for this employer" button was removed  |  |  |  |
|                   |            | Screen 2.2.1 Wage Report Review for Maximum Number of Employers   |  |  |  |
|                   |            | The information notice on the Review screen will be replaced with this text when the maximum number of employers (10) for a single report have been reported. Form controls updated to remove "Report Additional Wages" option when the maximum number of employers has been reached. |  |  |  |
|                   |            | Screen 2.3.1 Wage Report Receipt Modal  |  |  |  |
|                   |            | Addition of SSA logo, SSA header, and beneficiary/rep payee mailing address.  |  |  |  |
|                   |            | Screen 2.3.2 Wage Report Receipt Modal Foreign Address  |  |  |  |
|                   |            | Addition of SSA logo, SSA header, and beneficiary/rep payee mailing address. "If You Have Any Questions" language changed to reflect foreign contact instructions.  |  |  |  |
|                   |            | Screen 2.4.1 Choose Employer- Maximum Number of Employer Limit Reached  |  |  |  |
|                   |            | Text in the warning notice updated. "Next" form control button hidden by default until selection is made.   |  |  |  |
|                   |            | Screen 2.4.2 Maximum Number of Employers- Expanded Notice   |  |  |  |
|                   |            | Expanded notice shows full text hidden by default in 2.5.2.   |  |  |  |
|                   |            | Screen 2.4.3 Maximum Number of Employers- Error Screen  |  |  |  |
|                   |            | Displayed when user attempts to select a new employer on 2.5.1.   |  |  |  |
|                   |            | Screen 2.5 Privacy Act Statement  |  |  |  |
|                   |            | Displayed when user selects "Privacy Act" link in application footer  |  |  |  |

# 2. Release 3 Updates

## 2.1. Employer Wage Table

### 2.1.1. Paginated Wage Table with Maximum Entries

| my Soc  | ial Sec      | urity  |                   | John Doe   Sign Out   |
|---|--------------|--|-------------------|---|
| Nage Reporting  |              |  |                   |   |
| You have entered the maximum number of pay periods for this employer.     To report additional wages from this employer, submit this wage report then enter the additional     pay periods in a new report. |              |  |                   | We are adding: "To report additional<br>wages for this employer, submit this<br>wage report then enter the additional |
| Employer 1 Wages  |              |  |                   | pay periods in a new report.  |
| How frequently do you re<br>Every Two Weeks<br>Add or update pay period   | eceive a pay | check from this employ<br>report wages for this en | yer?:<br>mployer: |   |
| Showing 1 to 10 of 104 er   | ntries       |  | Page 1 v of 1     | 1   |
| Pay period  | Gross Pa     | y Pay Date   | Actions           |   |
| 02/05/2017 - 02/18/2017   | \$350.00     | 02/24/2017   | Update Delete     |   |
| 02/19/2017 - 03/04/2017   | \$350.00     | 03/10/2017   | Update Delete     |   |
| 10/02/2017-10/16/2017   | \$1000.00    | 10/16/2017   | Update Delete     |   |
| 10/16/2017-11/02/2017   | \$1500.00    | 11/04/2017   | Update Delete     |   |
| 11/02/2017-11/14/2017   | \$1200.00    | 11/18/2017   | Update Delete     |   |
| 11/14/2017-11/28/2017   | \$600.00     | 12/02/2017   | Update Delete     |   |
| 11/28/2017-12/12/2017   | \$1200.00    | 12/16/2017   | Update Delete     |   |
| 12/12/2017-12/26/2017   | \$1000.00    | 12/30/2017   | Update Delete     |   |
| 12/26/2017-01/10/2018   | \$1300.00    | 01/14/2018   | Update Delete     |   |
| 01/10/2018-01/24/2018   | \$1000.00    | 01/28/2018   | Update Delete     |   |
| Showing 1 to 10 of 104 er   | ntries       |  | Page 1 • of 1     | 1   |
| Next Previous E   | Exit         |  |                   |   |

## 2.2. Review Screen

#### 2.2.1. Review Screen- Maximum Employer Limit Information Notice and Form Controls



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# 2.3. Wage Report Receipt

#### 2.3.1. Wage Report Modal

| AN ALL ALL ALL ALL ALL ALL ALL ALL ALL A   |   |  |  |        | John Doe   Sign Out |
|--|---|--|--|--------|---------------------|
| Wage Report Receipt  |   |  | ×  |        |                     |
| Print Save   |   |  |  |        |                     |
| ♥Your wage report was suc  | ccessfully submit   | ted at 1:00 PM on March 1                                    | 0, 2017.   |        |                     |
| Receipt of Wages   |   |  |  | Wea    | are adding          |
| Social Se  | Social Security Administration                                      |  |  |        | log and<br>ler      |
|  |   | Date: Mar<br>Claim Nur                                       | ch 10, 2017<br>nber: 000000000                         |        |                     |
|  |   |  | We are addir   | ig the |                     |
| 12345 Jackson Parkway  |   |  | mailing addre  | ess of |                     |
| Jacksonville, FL 29304   |   |  | the recipient  | or     |                     |
|  |   |  |  |        |                     |
| Thank you for contacting us t  | o report work or ch   | anges in your work.  | presentaive p  | ayee   |                     |
| The information shown below<br>change will have on your Soc  | has been forward<br>ial Security and/or                             | ed to a Representative to de<br>Supplemental Security Inco   | etermine what effect this<br>ome benefits.             |        |                     |
| If any of the information show   | n below is incorrec   | et, please contact us at 1-80                                | 0-772-1213.  |        |                     |
| Suspect Social Security Fra  | aud?  |  |  |        |                     |
| Please visit http://oig.ssa.gov<br>1-866-501-2101).  | /r or call the Inspec   | ctor General's Fraud Hotline                                 | at 1-800-269-0271 (TTY                                 |        |                     |
| If You Have Questions  |   |  |  |        |                     |
| We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general<br>information about Social Security. If you have specific questions, you may call us toll-free at 1-800-<br>772-1213. We can answer most questions over the phone. If you are deaf or hard of hearing, you<br>may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The<br>office that serves your area is located at: |   |  |  |        |                     |
| Social Security Administration<br>Street Number Street Name<br>City, State ZIP   |   |  |  |        |                     |
| If you do call or visit an office<br>Also, if you plan to visit an off<br>you more quickly when you a  | , please have this l<br>ïce, you may call a<br>rrive at the office. | etter with you. It will help us<br>head to make an appointme | answer your questions.<br>ent. This will help us serve |        |                     |
|  |   | Social   | Security Administration                                |        |                     |
|  |   |  |  |        |                     |
| Report for John Doe (*   | **-**-0000)   |  |  |        |                     |
| Employer 1 Wages   |   |  |  |        |                     |
| Pay Date   | Total Wages   | Date Received  |  |        |                     |
| 02/24/2017   | \$350.00  | 03/10/2017   |  |        |                     |
| 03/10/2017   | \$350.00  | 03/10/2017   |  |        |                     |
| Employer 2 Wages   |   |  |  |        |                     |
| Pay Date   | Total Wages   | Date Received  |  |        |                     |
| 02/24/2017   | \$300.00  | 03/10/2017   |  |        |                     |
| 03/10/2017   | \$300.00  | 03/10/2017   |  |        |                     |
|  |   |  |  |        |                     |
|  |   |  |  |        |                     |
|  |   |  |  |        |                     |
|  |   |  |  |        |                     |

#### 2.3.2. Wage Report Receipt- Foreign Address

| AN SECON  |  |   |                                     |                            | John Doe | Sign Out |
|---|--|---|-------------------------------------|----------------------------|----------|----------|
| Wage Report Receip  | t  |   |                                     | ×                          |          |          |
| Print Save  |  |   |                                     |                            |          |          |
| ♥Your wage report was su  | ccessfully submit  | ted at 1:00 PM on March 10  | , 2017.                             |                            |          |          |
| Receipt of Wages  |  |   |                                     |                            |          |          |
| Social Se   | ecurity A  | dministratio  | n                                   |                            |          |          |
|   |  | Date: Marc<br>Claim Num   | h 10, 2017<br>ber: 00000            | 00000                      |          |          |
| JOHN DOE<br>Foreign Address Line 1<br>Foreign Address Line 2<br>Foreign Address Line 3<br>Foreign Address Line 4<br>Foreign City, Postal Zone Co  | puntry   |   |                                     |                            |          |          |
| Thank you for contacting us   | to report work or ch   | anges in your work.   |                                     |                            |          |          |
| The information shown below<br>change will have on your So  | v has been forward<br>cial Security and/or   | ed to a Representative to det<br>Supplemental Security Incor                                    | ermine wha<br>ne benefits           | at effect this             |          |          |
| If any of the information sho   | wn below is incorrec   | et, please contact us at 1-800  | -772-1213                           |                            |          |          |
| Suspect Social Security Fraud?  |  |   |                                     |                            |          |          |
| Please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).                           |  |   |                                     |                            |          |          |
| If You Have Questions   |  |   |                                     |                            |          |          |
| If you have any questions, p<br>• Visit our website at www<br>• Call us at 1-410-965-01<br>• Write us at the Office of<br>people who live outside | lease:<br>v.socialsecurity.gov<br>60. We can answer<br>International Opera<br>the United States: | to find general information al<br>most questions over the pho<br>tions, which is the Social Sec | oout Social<br>ne.<br>curity office | Security.<br>that services |          |          |
| c   | IO DIO   |   |                                     | We are                     | adding   |          |
| P<br>B  | O Box 17775<br>altimore, MD 21235  | 5-7775 <  |                                     | SSA co                     | ntact    |          |
| Contact your local U.S.<br>at www.socialsecurity.go   | Embassy or Consul<br>ov/foreign  | ate. You can find contact info  | ormation for                        | informa                    | tion     | J        |
| Please have this letter with y first page of this letter. It will   | ou if you call or visi   | t an office. If you write, pleas<br>r questions   | e include a                         | copy of the                |          |          |
|   |  | Social S  | Security A                          | dministration              |          |          |
|   |  |   | _                                   |                            |          |          |
| Report for John Doe (   | ***-**-0000)   |   | -                                   |                            |          |          |
| Employer 1 Wages  |  |   |                                     |                            |          |          |
| Pay Date  | Total Wages  | Date Received   |                                     |                            |          |          |
| 02/24/2017  | \$350.00   | 03/10/2017  |                                     |                            |          |          |
| 03/10/2017  | \$350.00   | 03/10/2017  |                                     |                            |          |          |
| Employer 2 Wages  |  |   |                                     |                            |          |          |
| Pay Date  | Total Wages  | Date Received   |                                     |                            |          |          |
| 02/24/2017  | \$300.00   | 03/10/2017  |                                     |                            |          |          |
| 03/10/2017  | \$300.00   | 03/10/2017  |                                     |                            |          |          |
|   |  |   |                                     |                            |          |          |

## 2.4. Choose Employer Screen

#### 2.4.1. Choose Employer – Maximum Number of Employers Limit Reached

| my Social Security   | John Doe   Sign Out  |
|--|--|
| age Reporting  |  |
| You have entered the maximum number of employers to be included in this wage report.<br>To report wages from additional employers, submit this wage report and enter the wages from additional employers in a new report.<br>Show more | We revised the text: The new text is<br>"You have entered the maximum number<br>of employers to be included in this wage |
| choose Employer  | employers, submit this wage report and   |
| Select an employer below to report wages for:  | enter wages from additional employers in new report "  |
| O Employer 1<br>123 Address Lane, Baltimore, MD 12345  |  |
| O Employer 2<br>123 Address Lane, Baltimore, MD 12345  |  |
| O Employer 3<br>123 Address Lane, Baltimore, MD 12345  |  |
| O Employer 4<br>123 Address Lane, Baltimore, MD 12345  |  |
| O Employer 5<br>123 Address Lane, Baltimore, MD 12345  |  |
| O Employer 6<br>123 Address Lane, Baltimore, MD 12345  |  |
| O Employer 7<br>123 Address Lane, Baltimore, MD 12345  |  |
| O Employer 8<br>123 Address Lane, Baltimore, MD 12345  |  |
| O Employer 9<br>123 Address Lane, Baltimore, MD 12345  |  |
| O Employer 10<br>123 Address Lane, Baltimore, MD 12345   |  |
| O Employer 11<br>123 Address Lane, Baltimore, MD 12345   |  |

Return to Review Exit

#### 2.4.2. Maximum Number of Employers- Expanded Notice



John Doe | Sign Out

## 2.4.3. Maximum Number of Employers- Error Screen

| <i>my</i> Social Security   | John Doe   Sign Out   |
|---|---|
| Wage Reporting  |   |
| You have entered the maximum number of employers for this wage report   |   |
| Please enter wages for this employer in a new report. To report wages from the selected employer or other additional employers, review and submit this wage report and then enter the wages from additional employers in a new report. You can review or update information in this report before you submit by selecting one of the employers you already entered wages for from the 'Choose Employer' list, or by selecting 'Return to Review' at the bottom of the page. | We are adding: "Please enter<br>wages for this employer in a<br>new report. To report wages<br>from the selected employer or<br>other additional employers,<br>review and submit this wage<br>report and then enter the wages<br>from additional employers in a |
| Return to Review Back   | new report  |

## 2.5. Choose Employer Screen



Privacy Act Statement

#### **Collection and Use of Personal Information**

Sections 205(a), 223, and 1631(e) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making accurate and timely decisions regarding your Social Security benefits.

We will use the information to make determinations regarding your eligibility for Social Security benefits. We may also share your information for the following purposes, called routine uses:

- 1. To third party contacts (including private collection agencies under contract with SSA) for the purpose of their assisting SSA in recovering overpayments; and,
- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs. We contemplate disclosing information under this routine use only in situations in which SSA may enter a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System; 60-0089, entitled Claims Folders System; 60-0090, entitled Master Beneficiary Record; and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/privacy/sorn.html.

Close

John Doe | Sign Out