SECNAV RCS 5213/1 (Effective 11/1/2016 throug	h 11/31/2019)
GENADMIN DON CIO WASHINGTON DC 1921017	REV 10/2016

CONTACT INFORMATION - IT System Owner or Form/Originator/Sponsor Name, Code, Mailing Address Office Telephone Number: 901-874-4559 NPC (PERS-1) Alan Gorski 901-874-4559 5720 Integrity Dr E-mail Address alan.gorski@navy.mil Millington, TN 38055 E-mail Address SECTION 2 TO BE COMPLETED BY PRIVACY ACT OFFICER To verify information given in Section 1 is accurate, is in compliance with Privacy Act Regulations, and meets requirements of the SSN Reduction Plan. 1. Is Privacy Act Statement (PAS) correct? X YES NO 2. If there is not a PAS, is one needed? X YES NO 3. If a PAS needed, what is the correct PAS? (Originator/owner of form/IT system will work with the Privacy Act Officer to draft a PAS if needed) (Field will expand to fit typed data))	SSN REDUCTION REVIEW							
Form Number: OPNAV1770/3 Next of Kin Identification Requiring Document OPNAV1NST 1770.1A Form Revision Date: New form SECTION 1 TO BE COMPLETED BY FORM ORIGINATOR/SPONSOR. Forms that collect and retrieve by SSNPII must be covered by a System of Record Notice (SORN)? SECTION 1 TO BE COMPLETED BY FORM ORIGINATOR/SPONSOR. Forms that collect and retrieve by SSNPII must be covered by a System of Record Notice (SORN)? Notice SSN Field contain the SSN Reduction Review Porm, Justification, and if need the DD 67 to the cognitizent form smanager. Dese the form contain a Phrwap, Act Officer for instructions. Does the form contain a Phrwap, Act Officer for instructions. VES NO a. If yes, has the PAS been approved by a Phrwap Act Officer for instructions. VES NO a. If yes, has the DAS to take to take the off on instructions. VES NO a. If yes, unsite the DAG to request revision of the form. YES NO a. If yes, what is the IT System name and DITPR DON ID? YES NO a. If yes, what is the T System name and DITPR DON ID? YES NO a. If yes, what is the T System name and DITPR DON ID? YES NO b. If no, could the? YES NO YES NO	SUBMIT	Submission for (Check one); 🕅 FORM 🗌	IT SYSTEM		PLETED: 29 1	Mar 2019		
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6. Is this form part of an IT system? □ YES NO a. If yes, what is the IT System name and DITPR DON ID? N/A □ YES NO b. If yes, does the IT System name and DITPR DON ID? N/A □ YES NO c. If no, Could it be? □ YES NO 7. Is Justification Memorandum for the Record attached? ☑ YES NO CONTACT INFORMATION - IT System Owner or Form Originator/Sponsor Name, Code, Mailing Address MOC, CHERS-1) Alan Gorski Office Telephone Number: 901-874-4559 5720 Integrity Dr E-mail Address alan_gorski@navy.mil SECTION 2 TO BE COMPLETED BY PRIVACY ACT OFFICER To verify information given in Section 1 is accurate, is in compliance with Privacy Act Regulations, and meets requirements of the SSN Reduction Plan. 1. Is Privacy Act Statement (PAS) correct? ☑ YES NO 2. If there is not a PAS, is one needed? ☑ YES NO 3. If a PAS needed, what is the correct PAS? (Originator/owner of form/IT system and Command Privacy Act Officer to draft a PAS if needed) (Field will expand to fit typed datai)) NA A PAS needed to be inititated? ☑ YES NO Observed be wered the originator/owner of form/IT system and Command Priv								
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7. Is Justification Memorandum for the Record attached? IVES NO CONTACT INFORMATION - IT System Owner or Form Originator/Sponsor Name, Code, Mailing Address NPC (PERS-1) Alan Gorski Office Telephone Number: 901-874-4559 S720 Integrity Dr Millington, TN 38055 Office Telephone Number: 901-874-4559 E-mail Address alan,gorski@navy.mil SECTION 2 TO BE COMPLETED BY PRIVACY ACT OFICER To verify information given in Section 1 is accurate, is in compliance with Privacy Act Regulations, and meets requirements of the SSN Reduction Plan. 1. Is Privacy Act Statement (PAS) correct? IVES NO 2. If there is not a PAS, is one needed? VES NO 3. If a PAS needed, what is the correct PAS? (Originator/owner of form/IT system will work with the Privacy Act Officer to draft a PAS if needed) (Field will expand tofit typed data)) NA 4. Is the System of Records Notice (SORN) number cited in Section 1 correct? VES NO 5. Does a SORN need to be initiated? VES NO 6. Is use of SSN Justification Form complete and approved? VES NO 6. Is use of SSN Justification Form complete and approved? VES NO OBAPPROVED Robin Patterson Privacy Act Officer Printed Name Privacy								
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Name, Code, Mailing Address Office Telephone Number: 901-874-4559 ST20 Integrity Dr Millington, TN 38055 E-mail Address alan.gorski@navy.mil E-mail Address alan.gorski@navy.mil SECTION 2 TO BE COMPLETED BY PRIVACY ACT OFFICER To verify information given in Section 1 is accurate, is in compliance with Privacy Act OFFICER Integrity Dr SECTION 2 TO BE COMPLETED BY PRIVACY ACT OFFICER To verify information given in Section 1 is accurate, is in compliance with Privacy Act OFFICER Is Privacy Act Statement (PAS) correct? 1. Is Privacy Act Statement (PAS) correct? YES NO 2. If there is not a PAS, is one needed? YES NO 3. If a PAS needed, what is the correct PAS? (Originator/owner of form/IT system will work with the Privacy Act Officer to draft a PAS if needed) (Field will expand to fit typed data)) YES NO 9. If a PAS needed, what is the correct PAS? (Originator/owner of form/IT system and Command Privacy Act Officer to draft a PAS if needed) (Field will expand to fit typed data)) NA 4. Is the System of Records Notice (SORN) number cited in Section 1 correct? YES NO 5. Does a SORN need to be initiated? (Determination of need for SORN will be worked between the originator/owner of form/IT system and Command Privacy Act Officer YES NO								
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5720 İntegrity Dr Millington, TN 38055 E-mail Address alan.gorski@navy.mil E-mail Address alan.gorski@navy.mil SECTION 2 TO BE COMPLETED BY PRIVACY ACT OFFICER To verify information given in Section 1 is accurate, is in compliance with Privacy Act Regulations, and meets requirements of the SSN Reduction Plan. 1. Is Privacy Act Statement (PAS) correct? X YES NO 2. If there is not a PAS, is one needed? X YES NO 3. If a PAS needed, what is the correct PAS? (Originator/owner of form/IT system will work with the Privacy Act Officer to draft a PAS if needed) (Field will expand to fit typed data)) NO 4. Is the System of Records Notice (SORN) number cited in Section 1 correct? X YES NO 5. Does a SORN need to be initiated? (Determination of need for SORN will be worked between the originator/owner of form/IT system and Command Privacy Act Office) X YES NO 6. Is use of SSN Justification Form complete and approved? X YES NO X APPROVED Robin Patterson 03 Apr 2019 DisAPPROVED 03 Apr 2019 DISAPPROVED Barbara L Figueroa DON FMO 08 Apr 2019								
Millington, TN 38055 E-Min Address alan.gorski@navy.mil SECTION 2 TO BE COMPLETED BY PRIVACY ACT OFFICER To verify information given in Section 1 is accurate, is in compliance with Privacy Act Regulations, and meets requirements of the SSN Reduction Plan. 1. Is Privacy Act Statement (PAS) correct? Image: State in the correct PAS, is one needed? Image: State in the correct PAS? (Originator/owner of form/IT system will work with the Privacy Act Officer to draft a PAS if needed) (Field will expand to fit typed data)) N/A 4. Is the System of Records Notice (SORN) number cited in Section 1 correct? Image: YES Image: State in the originator/owner of form/IT system and Command Privacy Act Officer NO 5. Does a SORN need to be initiated? Image: YES Image: State in the originator/owner of form/IT system and Command Privacy Act Office NO 6. Is use of SSN Justification Form complete and approved? Image: YES Image: State in the originator/owner of form/IT system and Command Privacy Act Office NO Image: State in the originator owner of form/IT system and Command Privacy Act Office Image: State imag				901-874-4559				
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DISAPPROVED Forms Manager Printed Name Forms Manager Approval Signature Date:		Barbara L Figueroa DON FMO			08 Apr 2019			
		Forms Manager Printed Name	Forms Manager Approval Signature		Date:			

NOTES:

- For IT systems / applications, this completed SECNAV 5213/1 will be posted in the DOC tab of DITPR DON / DADMS respectively.
 For forms, post the date this SECNAV 5213/1 is approved in Naval Forms Online <u>https://navalforms.documentservices.dla.mil/web/public/home.</u> and maintain the SECNAV 5213/1 in the form's history/case file.
 Approved share drive / web portal forms will be maintained locally by the share drive / web portal owner.

SSN USE REVIEW AND JUSTIFICATION FOR FORMS

29 Mar 2019

Date

MEMORANDUM FOR THE RECORD Subj: JUSTIFICATION FOR THE USE OF THE SOCIAL SECURITY NUMBER (SSN)

1. What is the purpose of this form?

Following the death of a Sailor, data is collected from designated beneficiaries to enable direct payment of death gratuity, Unpaid Pay and Allowances, Servicemember's Group Life Insurance, Survivor Benefit Plan, and others - as designated by the deceased Sailor.

2. Why is collection of the SSN necessary?

The SSN is critical when processing documents that enable the certification and award of financial benefits. Because civilian Next of Kin have no EDIPI, the SSN is used to verify identification, to interface with financial institutions, and submission to DFAS for payment processing.

- 3. List the acceptable use criteria for the SSN (found at this link: http://www.doncio.navy.mil/ContentView.aspx?ID=1833)
 - Interactions with financial institutions
 - Federal Taxpayer Identification Number (in certain circumstances)

4. If collection of the SSN is no longer necessary and a unique identifier can be substituted for the SSN or the SSN can be eliminated, on what date will either the substitution or elimination occur?

Form collects data from non-military personnel; an alternative unique identifier is not anticipated.

Navy Personnel Command

Commanding Officer

Command/Activity