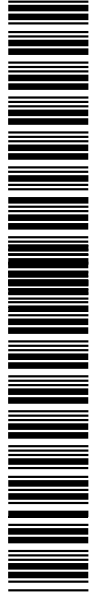


### Authorization to Obtain Earnings Data from the Social Security Administration

Mail completed form to:	Social Security Administration PO Box 33011 Baltimore, MD 21290-3011	Requesting organization:	SSA Job No 8000 Index 01 UNUMPROVIDENT CORPORATION 1 FOUNTAIN SQ 15C10 CHATTANOOGA TN 37402
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#### Number Holder's Information

First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
Last Name:	<input type="text"/>		
SSN:	<input type="text"/>		
Date of Birth:	<input type="text"/> -- <input type="text"/> -- <input type="text"/>	Date of Death:	<input type="text"/> -- <input type="text"/> -- <input type="text"/>
	Month Day Year		Month Day Year
Other First, Middle Initial, and Last Name Used to Report Earnings:	<input type="text"/>		
Year(s) Requested:	<input type="text"/> through <input type="text"/>	<input type="text"/> through <input type="text"/>	
	Y Y Y Y	Y Y Y Y	
	Y Y Y Y	Y Y Y Y	



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.**

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

#### 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

FOR SSA USE ONLY 1 2 3 4



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## IMPORTANT INFORMATION

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### **Privacy Act Statement Collection and Use of Personal Information**

See Revised Privacy Act and PRA Statements attached.

~~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](http://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.**~~

***SSA will insert the following revised Privacy Act & PRA Statements into the form as soon as possible:***

**Privacy Act Statement  
Collection and Use of Personal Information**

Section 205(c)(2)(A) of the Social Security Act, as amended, allows 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 furnishing detailed earnings information.

We will use the information to produce detailed earnings information about the wage earner. We may also share your information for the following purposes, called routine uses:

- To employers or former employers, including State Social Security administrators, for correcting and reconstructing State employee earnings records and for Social Security purposes; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration in the efficient administration of its programs.

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 Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment published in the Federal Register (FR) on January 11, 2006, at 71 FR 1819. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

**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 (OMB) 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 regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***