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

Mail Social Security Administration completed PO Box 33011

form to: Baltimore, MD 21290-3011

Requesting SSA Job No 8000 Index 01

organization: UNUMPROVIDENT CORPORATION

1 FOUNTAIN SQ 15C10 CHATTANOOGA TN 37402

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|--|------------------------|---------------------|--------------|---------|---------|----------------|------|---------------|-----------|------------|---------------|----------|---|----------------------|---------|-------------|-----------|------------|
| First Name:  |                        |                     |              |         |         |                |      |               |           |            |               |          | Middle Initial:                         |                      |         |             |           |            |
| Last Name:   |                        |                     |              |         |         |                |      |               |           |            |               |          |   |                      |         |             |           |            |
| SSN:   |                        |                     |              |         |         |                |      |               |           |            |               |          |   |                      |         |             |           |            |
| Date of Birth:   | Мс                     | onth                |              | Day     |         | Year           |      |               | Date of [ |            | e of Death:   | Month    | <br>1                                   | Day                  |         | Year        |           |            |
| Other First,<br>Middle Initial,<br>and Last Name<br>Used to Report<br>Earnings:                      |                        |                     |              |         |         |                |      |               |           |            |               |          |   |                      |         |             |           |            |
|  |                        |                     |              |         | through | 1              |      |               |           |            |               |          |   |                      |         |             |           |            |
| Year(s)<br>Requested:  | Υ                      | Υ                   | Υ            | Υ       |         |                | Υ    | Υ             | Υ         | Y          | ,             |          |   |                      |         |             |           |            |
|  |                        |                     |              |         | through | 1              |      |               |           |            |               |          |   |                      |         |             |           |            |
|  | Υ                      | Υ                   | Υ            | Υ       |         |                | Υ    | Υ             | Υ         | Y          | ,             |          |   |                      |         |             |           |            |
| identified above, the reporting empon any accompa  | loye<br>I <b>nyi</b> r | rs.<br>1 <b>g s</b> | l de<br>tate | clare u | or form | nalty<br>s, an | of d | perj<br>is tr | ury<br>ue | tha<br>and | it I have exa | mined    | all th                                  | ne inforn<br>my knov | nation  | on this     |           |            |
|  |                        |                     |              |         |         |                |      |               |           |            |               |          |   | ММ                   | D       | D           | YY        | ΥΥ         |
| Printed Name (if other than number holder)   |                        |                     |              |         |         |                |      |               |           |            |               |          | Rel                                     | lationshi<br>Spou    |         | her than    | number    | holder)    |
| Address  |                        |                     |              |         |         |                |      |               |           | tate       | )             |          | ☐ Legal Representative☐ Other (specify) |                      |         |             |           |            |
| City   |                        |                     |              |         |         |                |      |               | Z         | IP (       | Code          |          |   | one Nur              |         | ·· <b>·</b> |           |            |
| SSA must roa   | 2011/0                 | thi                 | o for        | em with | =       |                | _    | _             | -         |            | tion's Infor  |          |   | or (or Aut           | horizoa | d Bonro     |           | (a)        |
| SSA must receive this form within 60 days from the date signed by Signature of Organization Official |                        |                     |              |         |         |                |      |               |           |            |               | IIIDEI F | -                                       | ate                  | 10/12/0 | гкерге      | Serilaliv | <i>/e)</i> |
| Phone Number   |                        |                     |              |         |         |                |      |               |           |            | Fax Number    |          |   |                      |         |             |           |            |
| FOR SSA USE O  | NLY                    | <u>'</u>            |              | <br>]1  | 2       | 3              |      | 4             |           |            |               |          |   |                      |         |             |           |            |
| Form <b>SSA-581-O</b>  | <b>P1</b> (            | 11-2                | 2014         | 1)      |         | Р              | age  | 1             |           |            |               |          |   |                      |         |             |           |            |

## IMPORTANT INFORMATION

## Privacy Act Statement Collection and Use of Personal Information

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 <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a> 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 <u>Paperwork Reduction Act of 1995</u>. 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 <u>only</u> comments relating to our time estimate above to**: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.