

AUTHORIZATION FOR THE SOCIAL SECURITY ADMINISTRATION TO OBTAIN WAGE AND EMPLOYMENT INFORMATION FROM PAYROLL DATA PROVIDERS

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| 1. Individual Whose Wage and Employment Information Will Be Obtained | 2. Social Security Number (for Individual) |
| 3. Claimant/Beneficiary (if different from above) | 4. Claimant/Beneficiary Social Security Number (if different from above) |

5. I understand:

- The Social Security Administration (SSA) will use my authorization to obtain wage and employment information from payroll data providers. Payroll data providers are payroll providers, wage verification companies, and other entities that collect and maintain data about employment wages. SSA may obtain such wage and employment information through automated (authorized by Section 1184 of the Social Security Act) or non-automated information exchanges.
- If SSA obtains payroll data provider records about me based on this authorization, it may use the records for purposes other than for the program that the authorization covers. For example, SSA may use my records to decide whether I can get benefits under both the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs, even if this authorization is limited to one program. Additional information about how SSA may use and disclose my records is in the Privacy Act Statement below.
- SSA will request authorization under the SSDI and SSI programs. SSA will request authorization once under each program, even if I have multiple SSDI or SSI claims. However, SSA may use my authorization to obtain payroll data provider records about me for any claims associated with the ones I file, such as a claim for benefits by my spouse or child. If I revoke my authorization, SSA will not use the authorization to obtain my information for any of my claims under both programs.
- By authorizing the SSA to obtain my wage and employment information, I will receive protection from certain penalties, pursuant to section 1129A and section 1631(e)(2) of the Act. I further understand that if I later revoke my authorization, I will no longer get this protection.
- Not all employers report wage and employment information to payroll data providers that SSA uses. If my employer does report, SSA will request my wage and employment information from the payroll data provider. I am still responsible for making sure that my wage and employment information are reported accurately to SSA.
- If SSA paid me too much in benefits because the payroll data provider reported my wage and employment information inaccurately, I may have to pay SSA back.
- If my employer does not report or stops reporting to a payroll data provider that SSA uses, I will have to report my wage and employment information.
- I am authorizing payroll data providers (as defined in section 1184 of the Act) to disclose to the SSA data about me or that of the person named above whom I legally represent.

5.a. Answer questions (5.b. and 5.c.) below by checking Yes or No.

Note: If you are filing or receiving benefits under SSDI and SSI, you must answer both questions.

5.b. **Do you give us authorization to obtain your wage and employment information from payroll data providers for the Social Security Disability Insurance (SSDI) program?**

SSDI

Your authorization will help us determine whether you are entitled to benefits, or continue to be entitled to benefits. Giving us your authorization may also help us avoid paying the wrong amount. We will ask for all of your records held by the payroll data provider whenever we determine that we need these records to make decisions on your entitlement to benefits. Your authorization will remain in effect until:

Yes

• We make a final adverse decision on your application for benefits and no other claims or appeals are pending;

No

• Your entitlement to benefits ends and no other claims or appeals are pending; or

• You revoke your authorization in writing.

5.c. **Do you give us authorization to obtain your wage and employment information from payroll data providers for the Supplemental Security Income (SSI) program?**

SSI

Your authorization will help us determine whether you or the person who filed an application for benefits, is eligible for SSI, or continues to be eligible for SSI. Giving us your authorization may also help us avoid paying the wrong amount. We will request your records held by the payroll data provider whenever we determine that we need these records to make decisions on your eligibility for SSI. Your authorization will remain effective until:

 Yes

- We make a final adverse decision on the application for benefits and no other claims or appeals are pending;
- You or the other person's eligibility for payments ends and no other claims or appeals are pending;
- You revoke your authorization in writing; or
- We no longer count your income and resources to the other person.

 No

6. PLEASE SIGN IN BLACK OR BLUE INK ONLY

Signature

Date signed

If not signed by the individual whose wage and employment information will be obtained, what is the basis for the authority to sign

 Parent of minor Guardian

Print name of parent/guardian

Mailing address of individual authorizing disclosure

City

State

ZIP Code

7. Your authorization does not ordinarily have to be witnessed. However, if you have signed using a mark, two witnesses to the signing who know you must sign below giving their full addresses.

If needed, WITNESS *I know the person signing this form or am satisfied of this person's identity:*

Mailing Address for Witness 1

If needed, second witness sign here (e.g., if signed with a mark above)

Mailing Address for Witness 2

Privacy Act Statement Collection and Use of Information on your Authorization Form

~~Sections 205(a), 225, 1184, 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 an accurate and timely decision regarding your Social Security benefits.~~

~~We will use the information to obtain information about you from payroll data providers. We will use the payroll data provider information to administer the Social Security Act, such as determining your eligibility for Social Security benefits. We may also share your information for the following purposes, called routine uses:~~

- ~~• To employers, current or former, for correcting or reconstructing earnings records and for Social Security tax purposes; and~~
- ~~• To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose 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 Notices (SORN) 60-0089, entitled Claims Folders Systems, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422, 60-0090, entitled Master Beneficiary Record, as published in the FR on January 11, 2006, at 71 FR 1826, and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the FR on January 11, 2006, at 71 FR 1830. Additional information, and a full listing of all of our SORNs, is available on our website at 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 6 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.