Electronic Consent Based Social Security Number Verification (eCBSV)

SCREEN PACKAGE

Table of Contents

1. eCBSV Registration Screens 5

a. Optional Screens to Test Open ID Connect (OIDC) Registration 5

i. Validate to Perform Dynamic Client Registration 5

ii. Validation successful 6

iii. Invalid Issuer URL Validation - Failure message 7

iv. Validate to Perform Dynamic Client Registration using Authorization Header Credentials 8

v. Validation successful 9

vi. Validation failure 10

b. Entity Registration for Direct Customers 11

i. Provide Information 11

ii. Review and Submit 13

iii. Entity Registration Success 14

iv. Sample Entity Registration Email 14

c. Financial Institution Registration for Indirect Customers 15

i. Enter Information & EIN Consent 15

ii. Permitted Entity Certification 16

iii. Sign Permitted Entity Certification 18

iv. Financial Institution Success 21

2. eCBSV Customer Connection Screens 22

a. Login Screen 22

b. Redirected to Entity Login Screen 23

c. Unenrolled Home Screen 24

d. Contacts 25

i. First-Time User 25

ii. Add Contact and Assign Role(s)....26
iii. Contact Main Screen....28
e. Permitted Entity Certification....29
i. Main Screen....29
ii. Sign Certification....31
iii. Main Screen After Signature....36
f. User Agreement....37
i. User Agreement Main....37
ii. User Reads & Initials User Agreement Section(s)....39
iii. Sign Agreement....41
iv. Main Screen After Signature....46
g. Tier Subscription....47
i. Select Tier Selection....47
ii. Tier Subscription Review & Pay....49
iii. Pay.Gov Redirect....50
iv. Pay.gov Pay Screen 1 (for payments of $24,999 or lower)....51
v. Pay.gov Pay Screen 2 (Checking or Savings Account (ACH))....52
vi. Pay.gov Pay Screen 3 (Credit or Debit Card)....53
vii. Pay.gov Pay Screen 4 (Review and Submit Payment)....54
h. Start Exchanging....55
i. Payment Confirmation....55
ii. Print/Download Page Contents....56
i. Payment Receipt....57
i. Receipt....57
ii. Print/Download Receipt....58

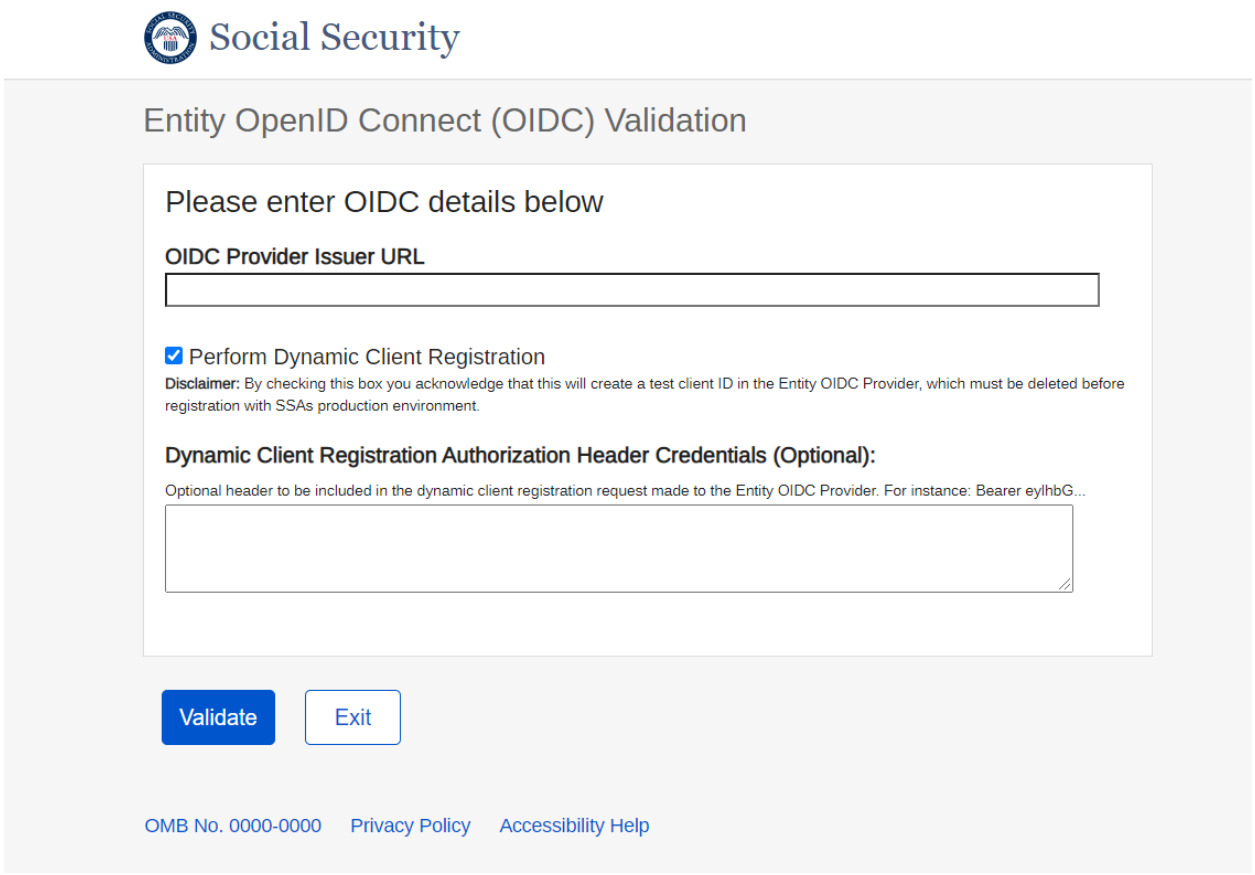
iii. Sample Enrollment Email 59
j. Enrolled User Home Screen 60
k. Entity Information 61
l. Tier Subscription Renewal 62
i. Tier Subscription Selection 62
ii. Tier Subscription Review & Pay 64
iii. Pay.gov Redirect 65
m. Documents 66
n. ETE Registration 67
i. Registration 67
ii. ETE Registration Success 68

1.

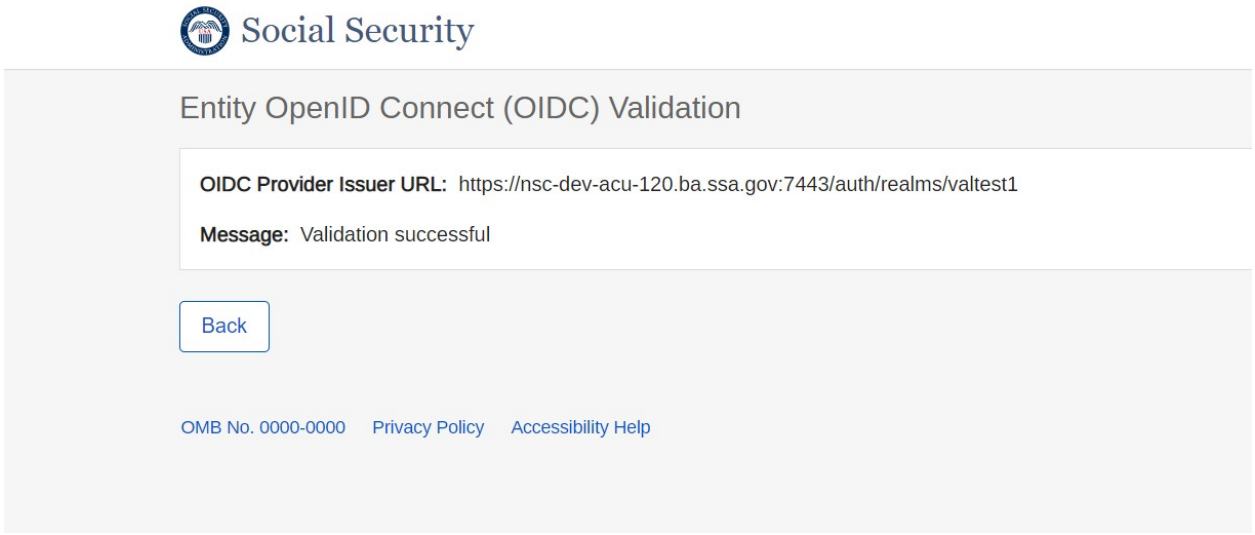
1. eCBSV Registration Screens

a. Optional Screens to Test Open ID Connect (OIDC) Registration

i. Validate to Perform Dynamic Client Registration

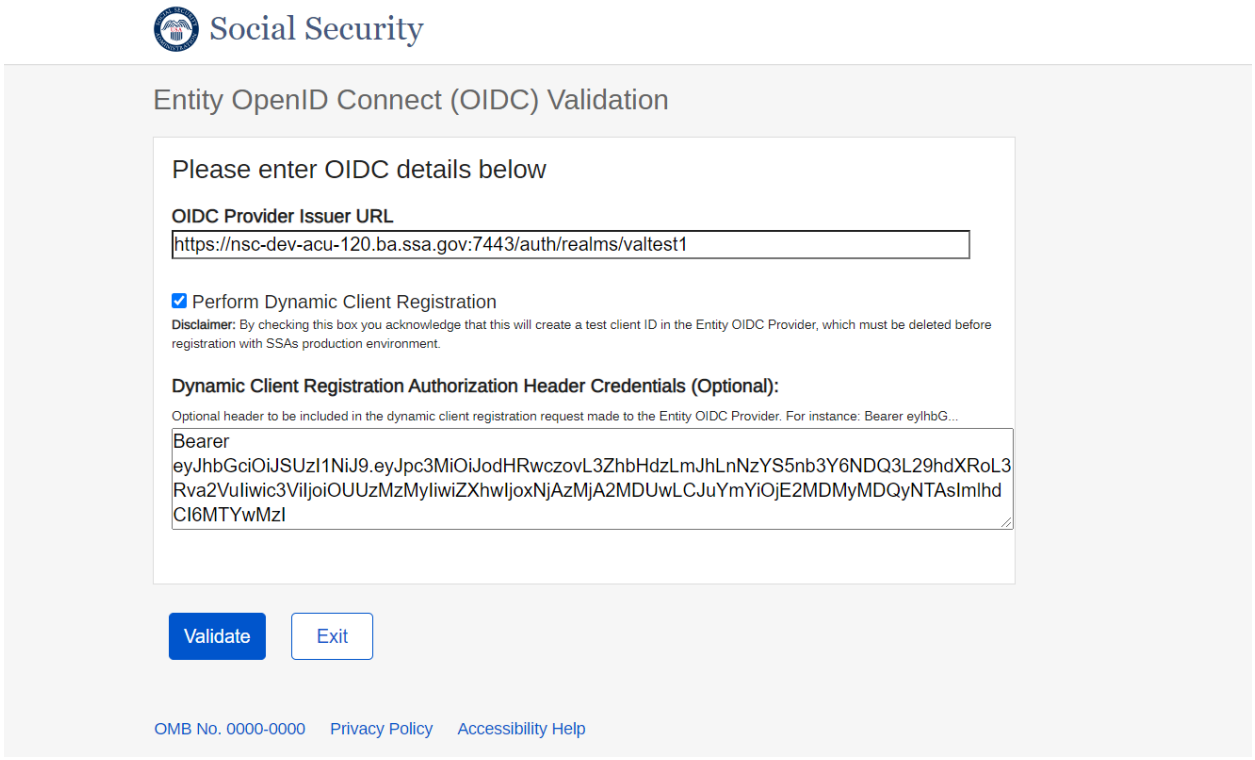


ii. Validation successful

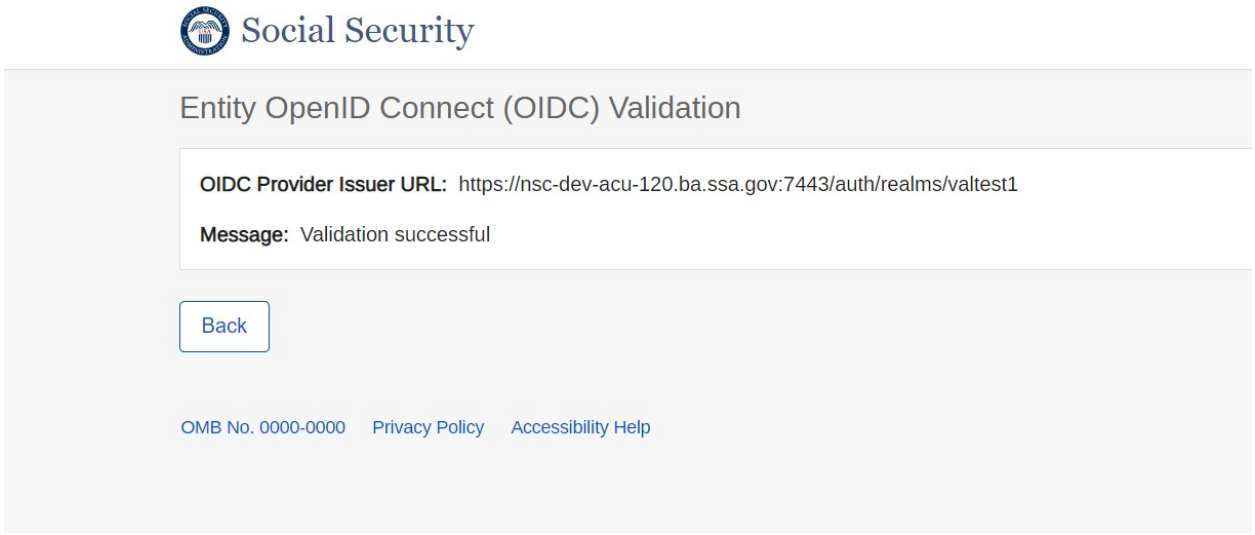


iii. Invalid Issuer URL Validation - Failure message

iv. Validate to Perform Dynamic Client Registration using Authorization Header Credentials



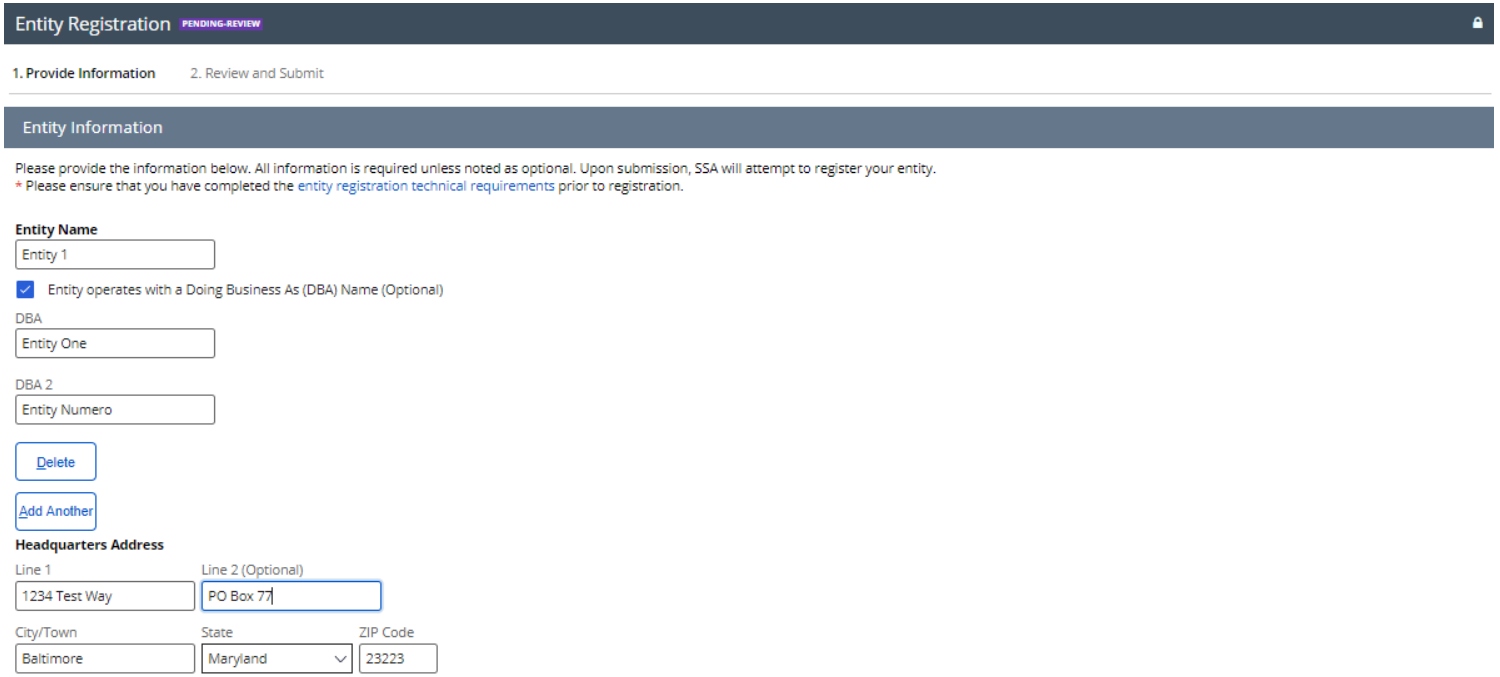
v. Validation successful



vi. Validation failure

b. Entity Registration for Direct Customers

i. Provide Information



Domain Name

The Domain Name will be matched against a user's email address domain for OIDC Authorization redirects. For instance: entityname.com

entityone.com

Open ID Connect (OIDC) Issuer URL

The Issuer URL must match or be a subdomain of the Domain Name.

https://nsc-dev-acu-120.ba.ssa

Dynamic Client Registration Authorization Header Credentials (Optional)

Optional header to be included in the dynamic client registration request made to the Entity OIDC Provider. For instance: Bearer eyJhbGciOiJSUzI1NiJ9.eyJ...

Entity Email

This email address will be used to receive entity registration communication. The email domain must match the Domain Name. For instance: xyz@entityname.com

xyz@entityone.com

Employer Identification Number (EIN)

83-3399584

Do you have a Nationwide Multi-State Licensing System (NMLS) Unique Identifier?

- (●) Yes
- ( ) No

Nationwide Multi-State Licensing System

776655443388

Do you have an Unique Entity Identifier (UEI)?

- (●) Yes
- ( ) No

Unique Entity Identifier

112233445777

Do you have a DUNS?

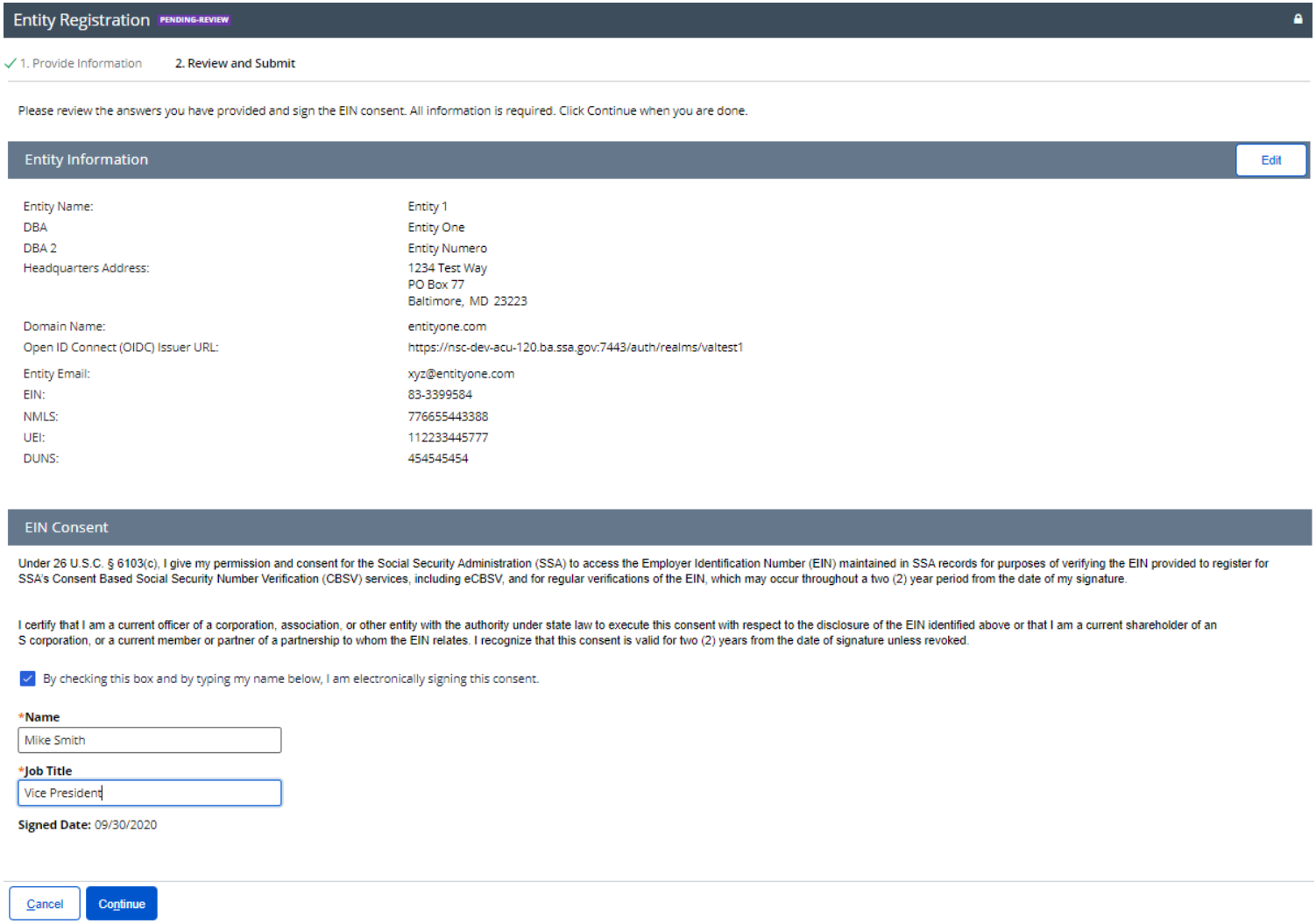
- (●) Yes
- ( ) No

DUNS

454545454

Cancel | Save | Continue

ii. Review and Submit



iii. Entity Registration Success

iv. Sample Entity Registration Email

From: SSA <NoReply@ssa.gov>
Sent: Wednesday, September 30, 2020 12:35 PM
To: xyz@entity1.com
Subject: Entity Registration for eCBSV

Entity 1,

Your OAuth Client ID has been created. : xyz

After completion of the technical requirements, please visit the eCBSV Customer Connection to complete the enrollment process.

Additional information for Service Providers:

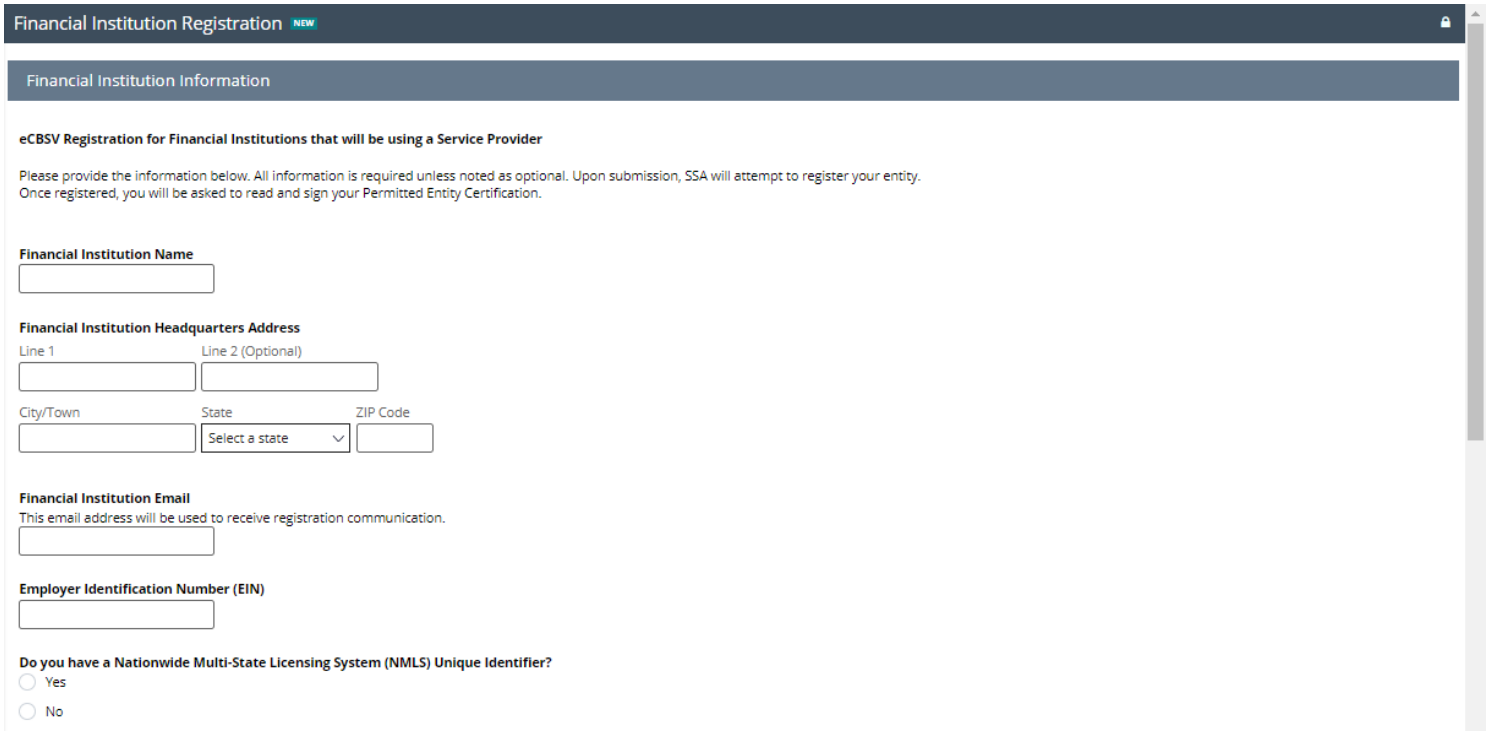
* All Financial Institutions must be registered with SSA. Please send this registration link to the financial institutions you will be servicing: < REGISTRATION PAGE>

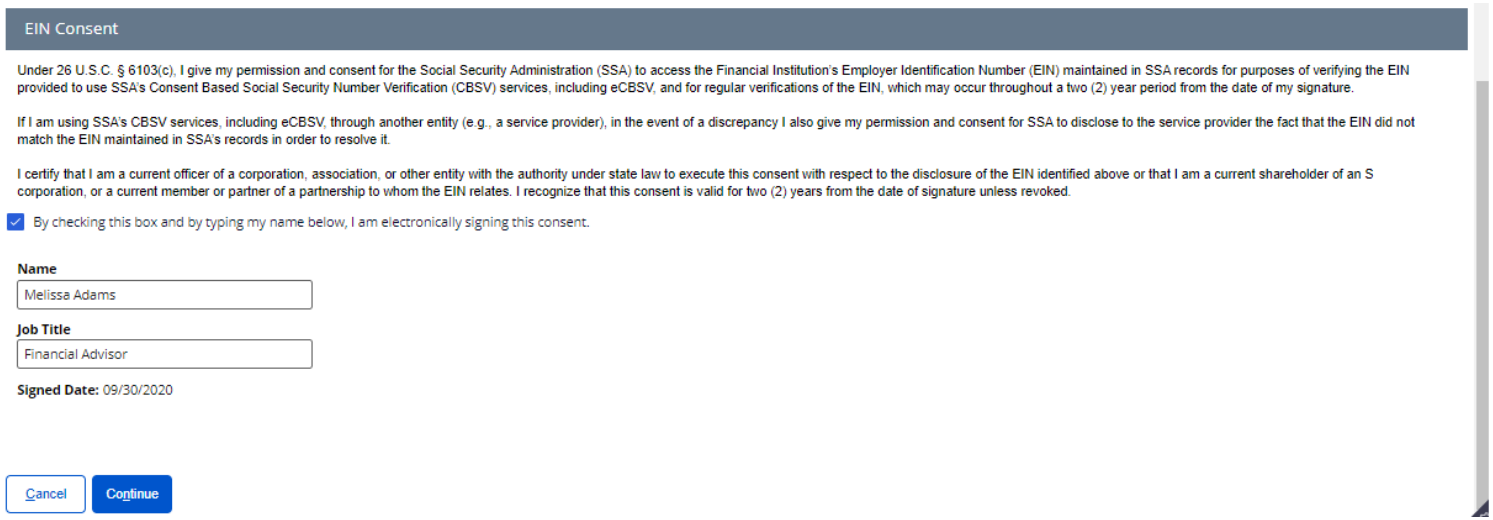
* More information about finanicial insitutution registration is available at: https://www.ssa.gov/dataexchange/eCBSV/

This is an automated message. Please do not reply.

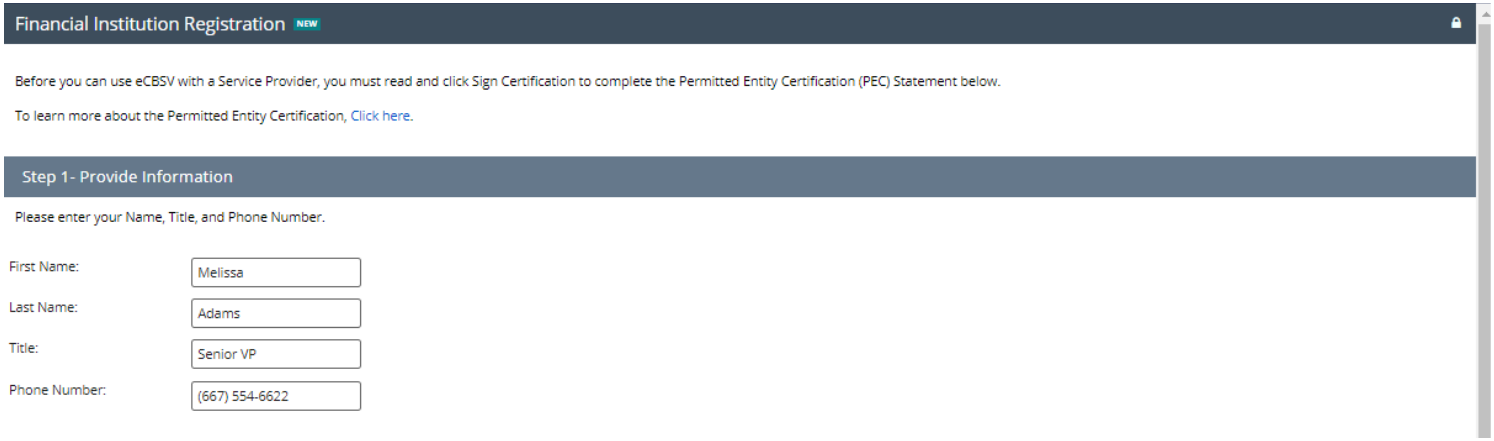
c. Financial Institution Registration for Indirect Customers

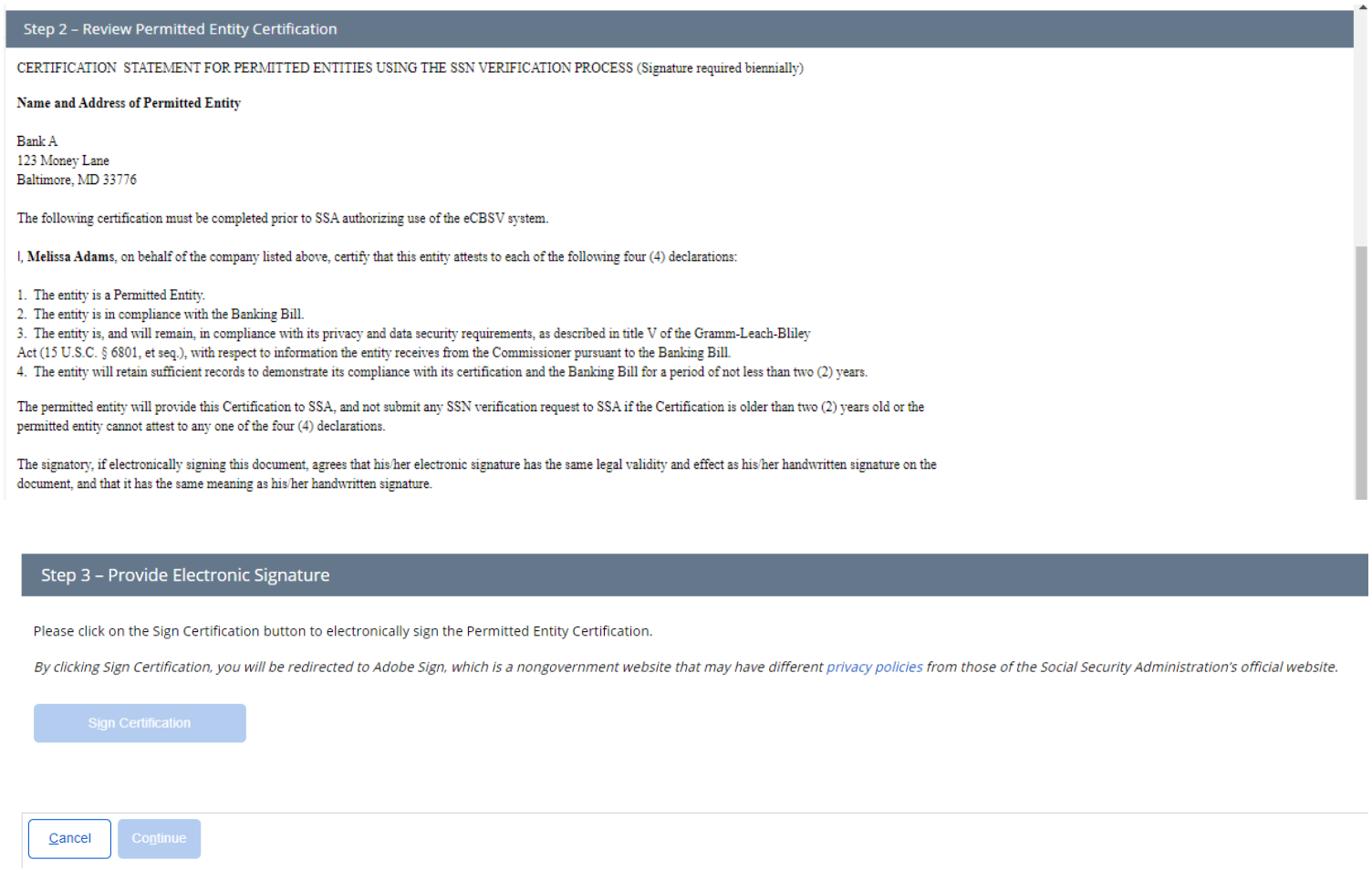
i. Enter Information & EIN Consent



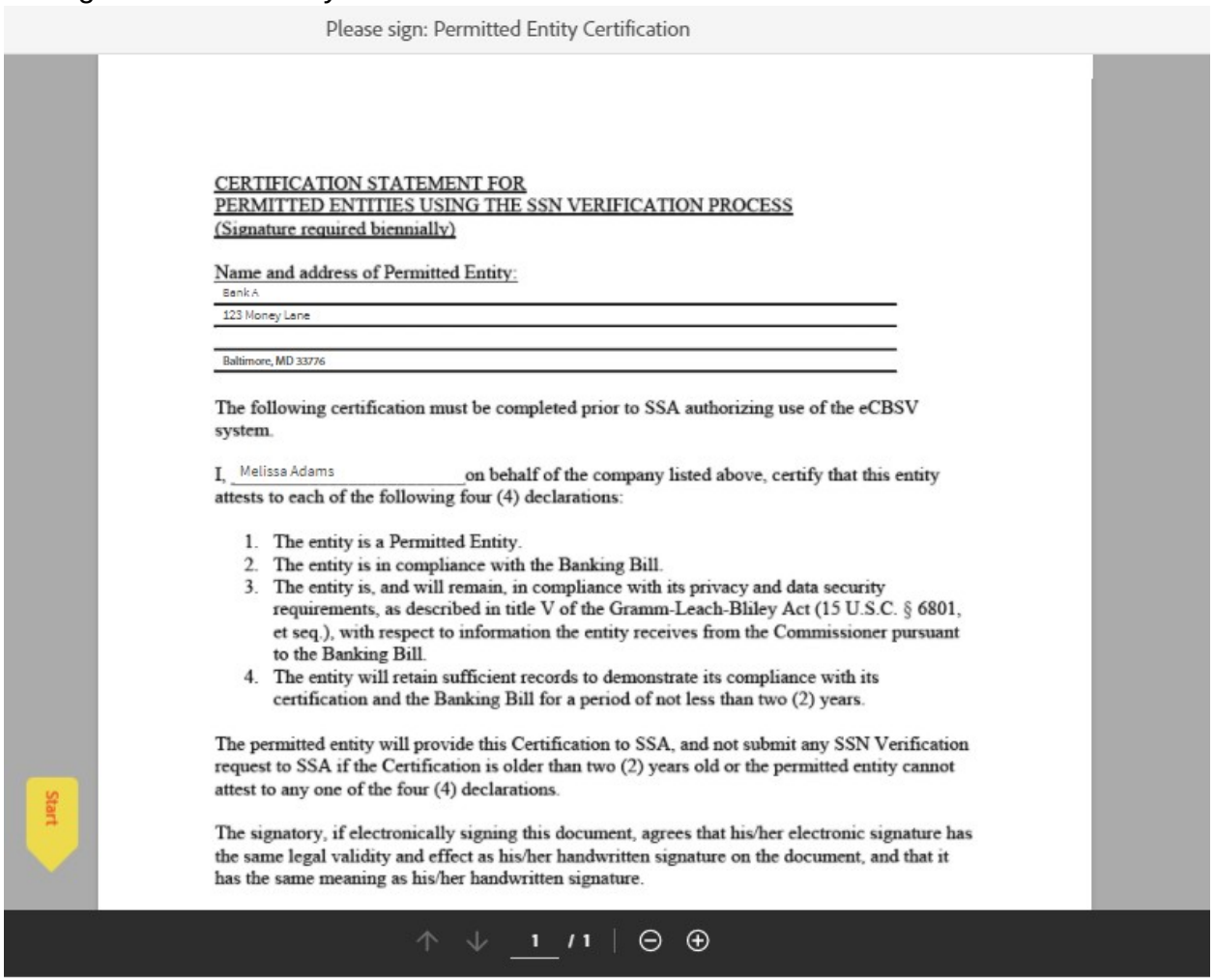


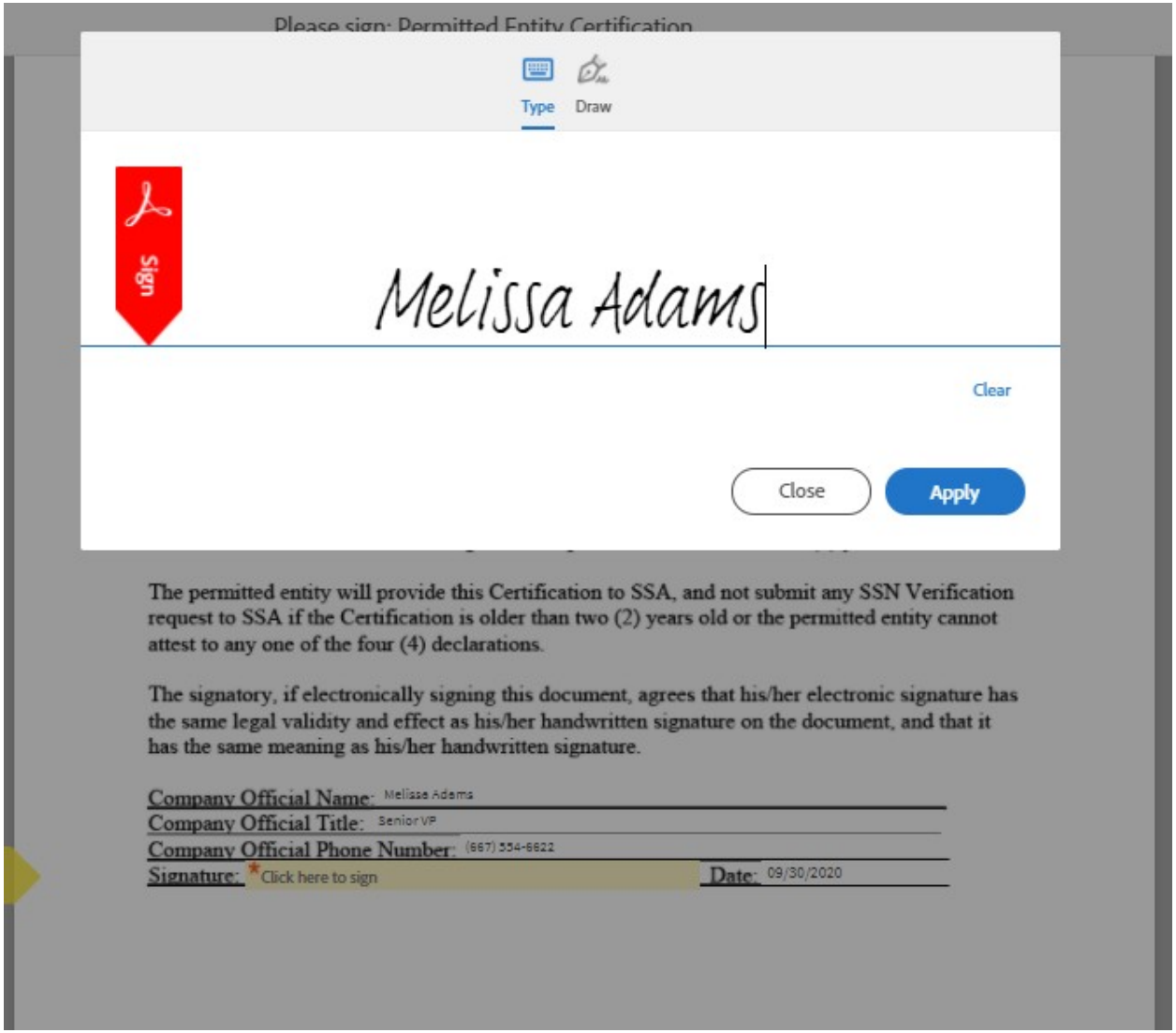
ii. Permitted Entity Certification




Step 2 – Review Permitted Entity Certification
CERTIFICATION STATEMENT FOR PERMITTED ENTITIES USING THE SSN VERIFICATION PROCESS (Signature required biennially)
Name and Address of Permitted Entity
Bank A
123 Money Lane
Baltimore, MD 33776
The following certification must be completed prior to SSA authorizing use of the eCBSV system.
I, Melissa Adams, on behalf of the company listed above, certify that this entity attests to each of the following four (4) declarations:
1. The entity is a Permitted Entity.
2. The entity is in compliance with the Banking Bill.
3. The entity is, and will remain, in compliance with its privacy and data security requirements, as described in title V of the Gramm-Leach-Bliley Act (15 U.S.C. § 6801, et seq.), with respect to information the entity receives from the Commissioner pursuant to the Banking Bill.
4. The entity will retain sufficient records to demonstrate its compliance with its certification and the Banking Bill for a period of not less than two (2) years.
The permitted entity will provide this Certification to SSA, and not submit any SSN verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.
The signatory, if electronically signing this document, agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the document, and that it has the same meaning as his/her handwritten signature.
Step 3 – Provide Electronic Signature
Please click on the Sign Certification button to electronically sign the Permitted Entity Certification.
By clicking Sign Certification, you will be redirected to Adobe Sign, which is a nongovernment website that may have different privacy policies from those of the Social Security Administration's official website.
Sign Certification
Cancel
Continue

iii. Sign Permitted Entity Certification




Please sign: Permitted Entity Certification
Type
Draw
Sign
Melissa Adams
Clear
Close
Apply
The permitted entity will provide this Certification to SSA, and not submit any SSN Verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.
The signatory, if electronically signing this document, agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the document, and that it has the same meaning as his/her handwritten signature.
Company Official Name: Melissa Adams
Company Official Title: Senior VP
Company Official Phone Number: (667) 554-6622
Signature: Click here to sign
Date: 09/30/2020

Bank A

123 Money Lane

Baltimore, MD 33776

The following certification must be completed prior to SSA authorizing use of the eCBSV system.

I, Melissa Adams on behalf of the company listed above, certify that this entity attests to each of the following four (4) declarations:

1. The entity is a Permitted Entity.
2. The entity is in compliance with the Banking Bill.
3. The entity is, and will remain, in compliance with its privacy and data security requirements, as described in title V of the Gramm-Leach-Bliley Act (15 U.S.C. § 6801, et seq.), with respect to information the entity receives from the Commissioner pursuant to the Banking Bill.
4. The entity will retain sufficient records to demonstrate its compliance with its certification and the Banking Bill for a period of not less than two (2) years.

The permitted entity will provide this Certification to SSA, and not submit any SSN Verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.

The signatory, if electronically signing this document, agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the document, and that it has the same meaning as his/her handwritten signature.

Company Official Name: Melissa Adams

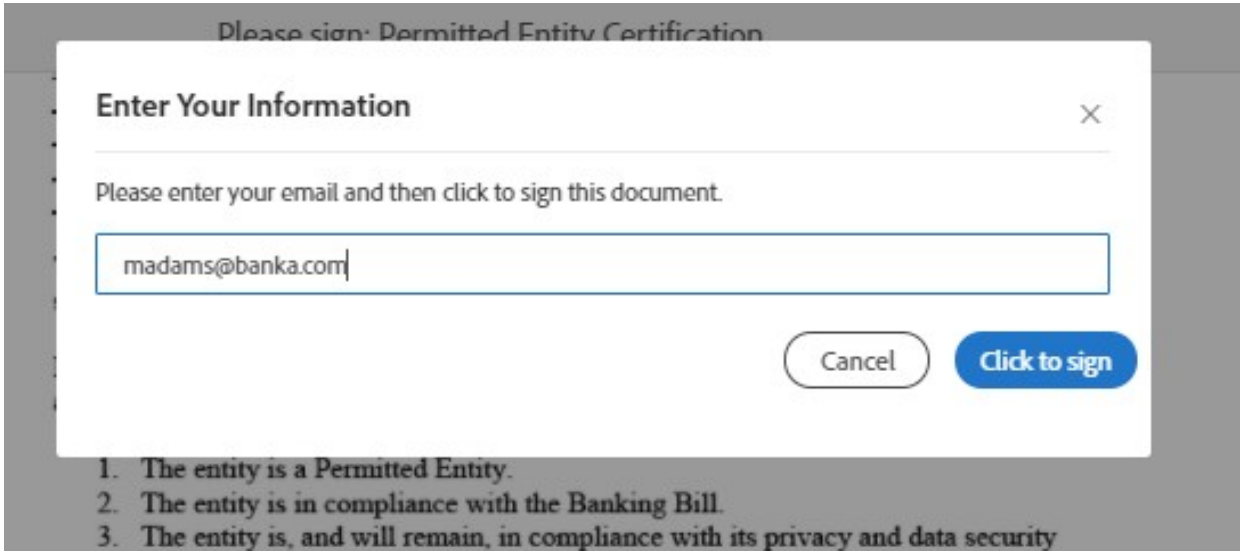
Company Official Title: Senior VP

Company Official Phone Number: (667) 554-6622

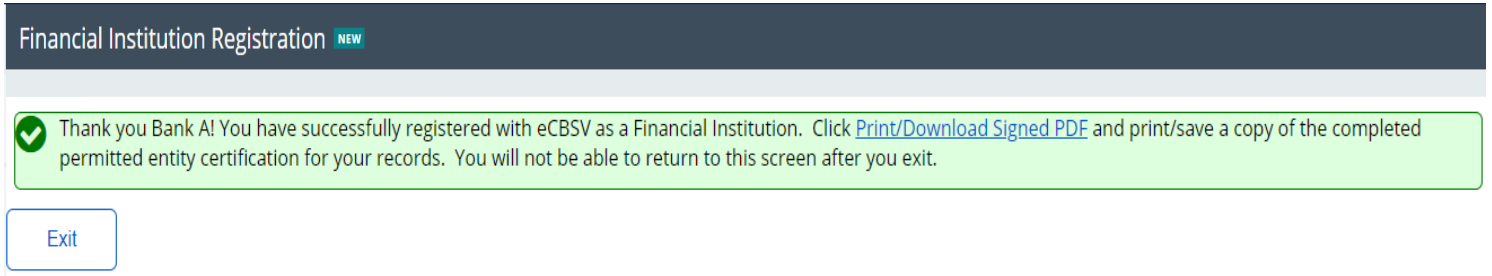
Signature: Melissa Adams Date: 09/30/2020

I agree to the Terms of Use and Consumer Disclosure of this document

Click to Sign

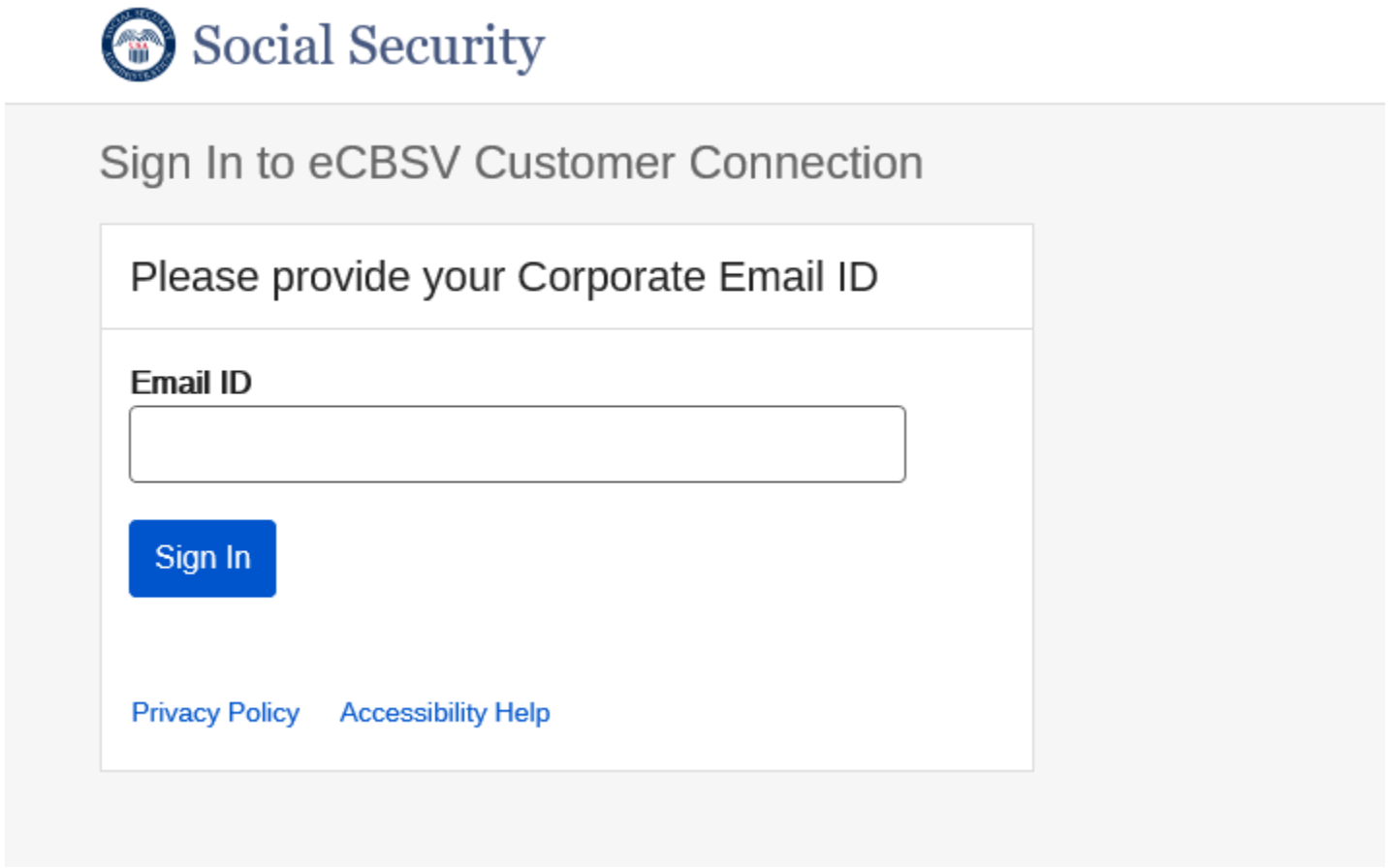


iv. Financial Institution Success

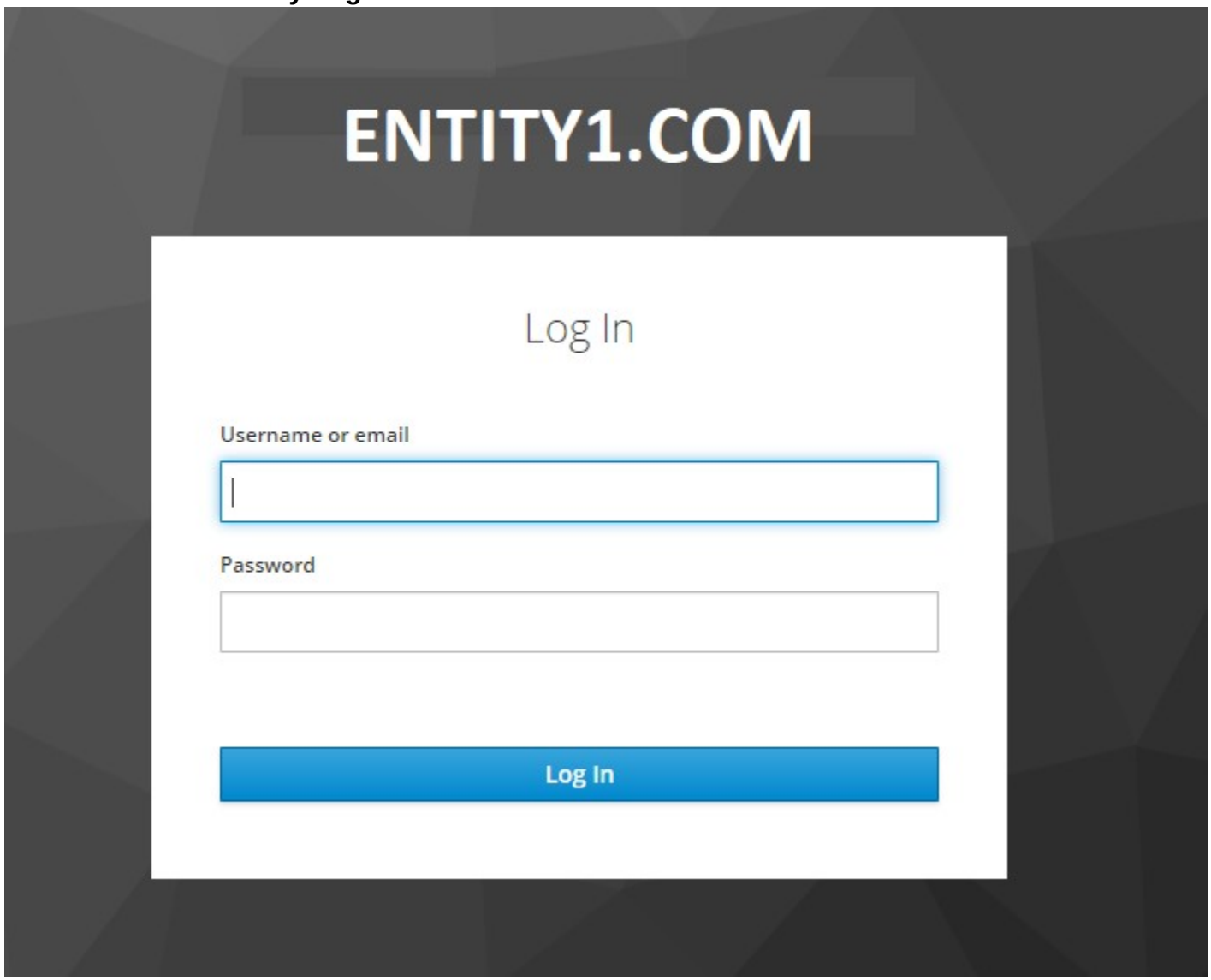


2. eCBSV Customer Connection Screens

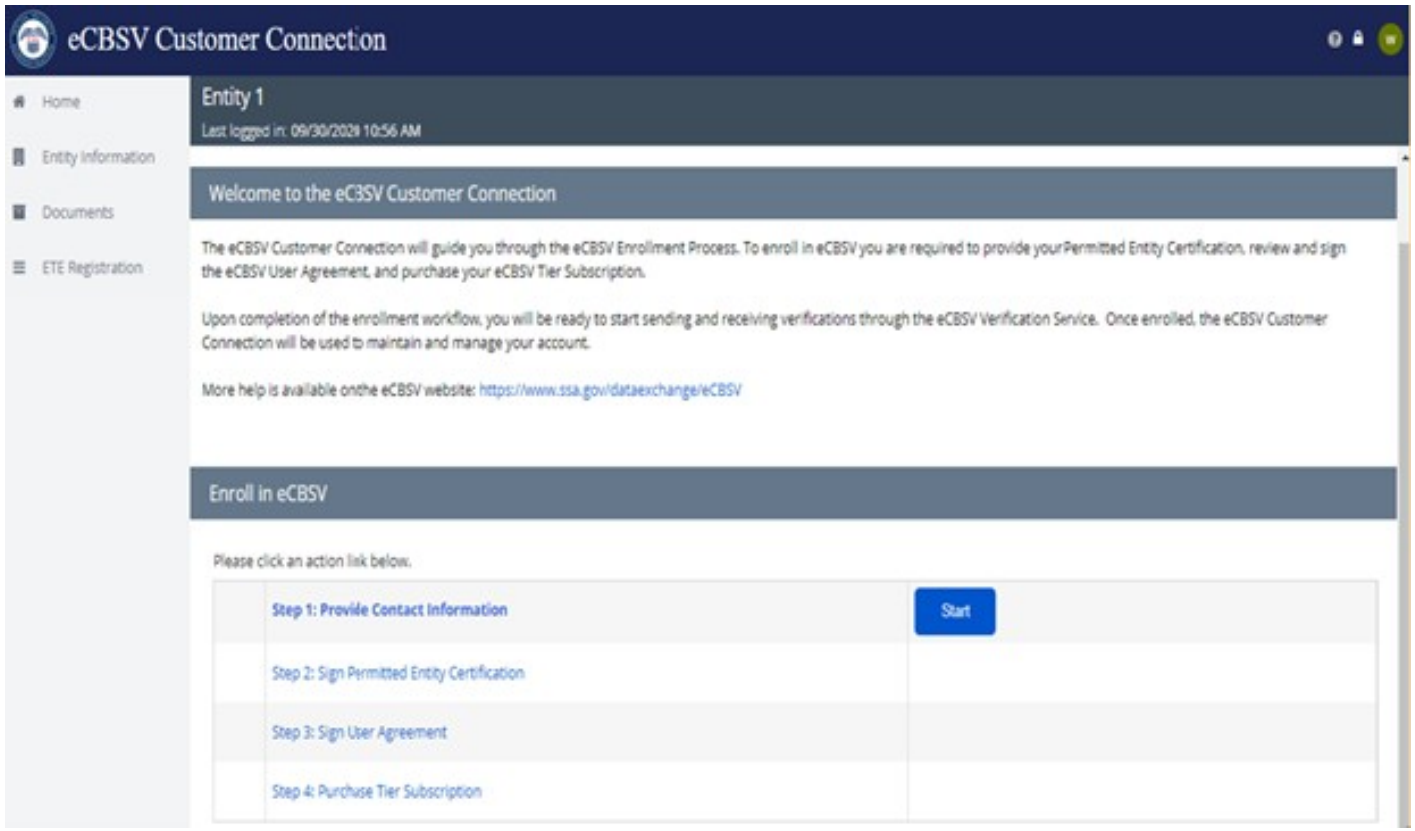
a. Login Screen



b. Redirected to Entity Login Screen

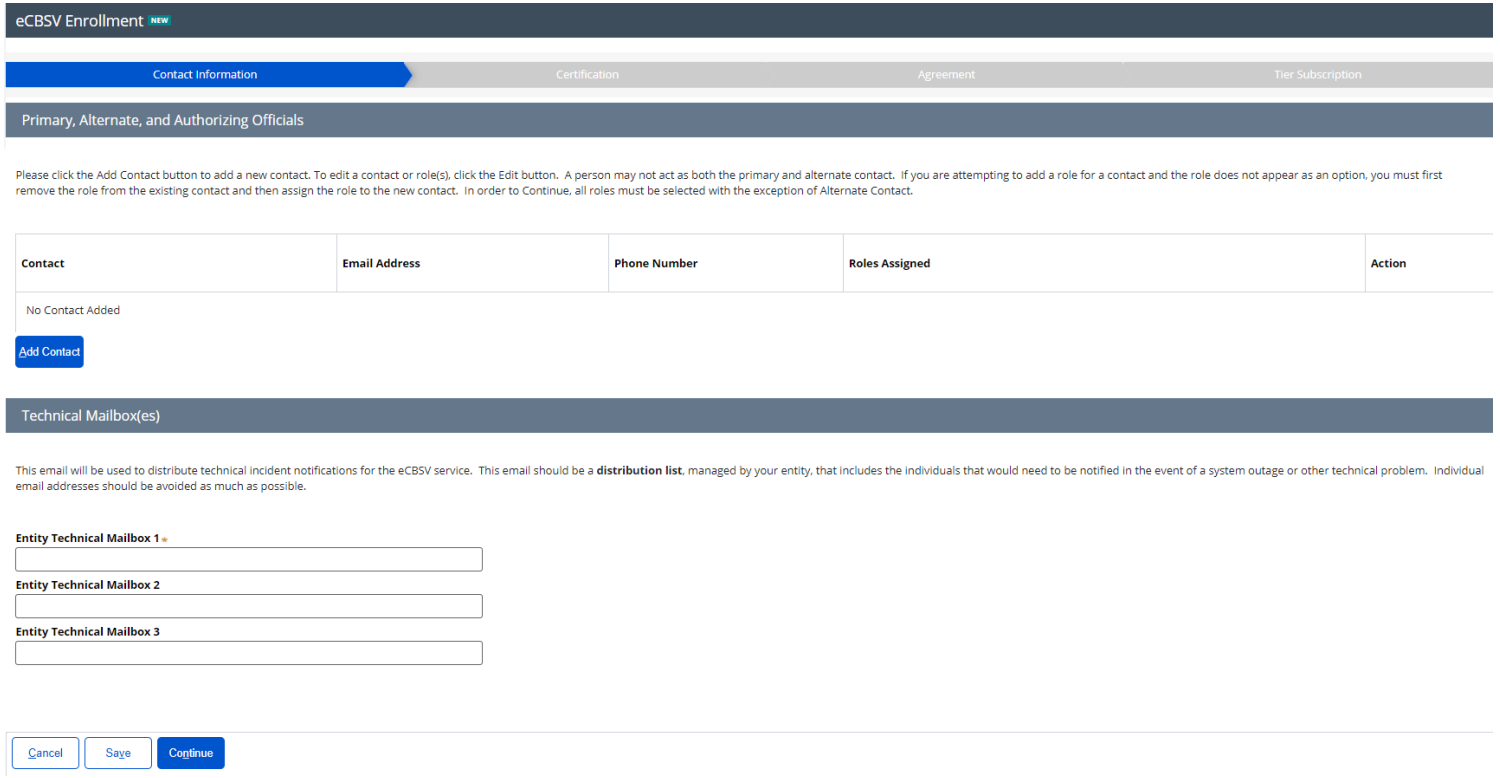


c. Unenrolled Home Screen

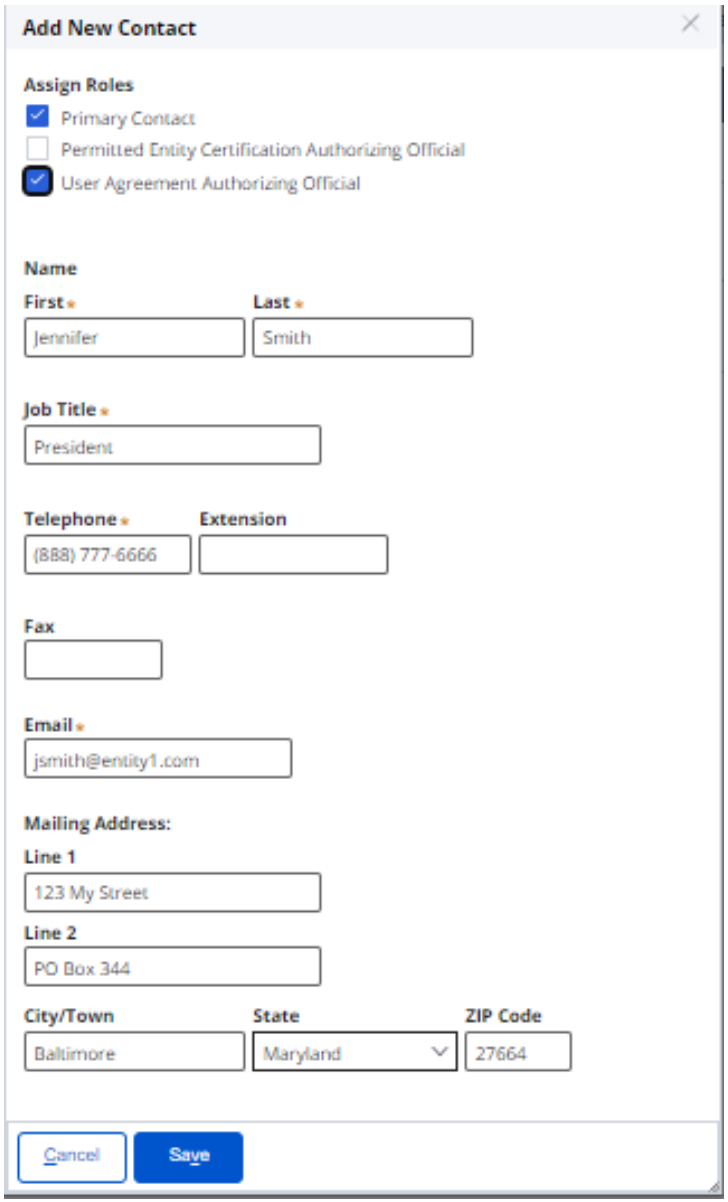


d. Contacts

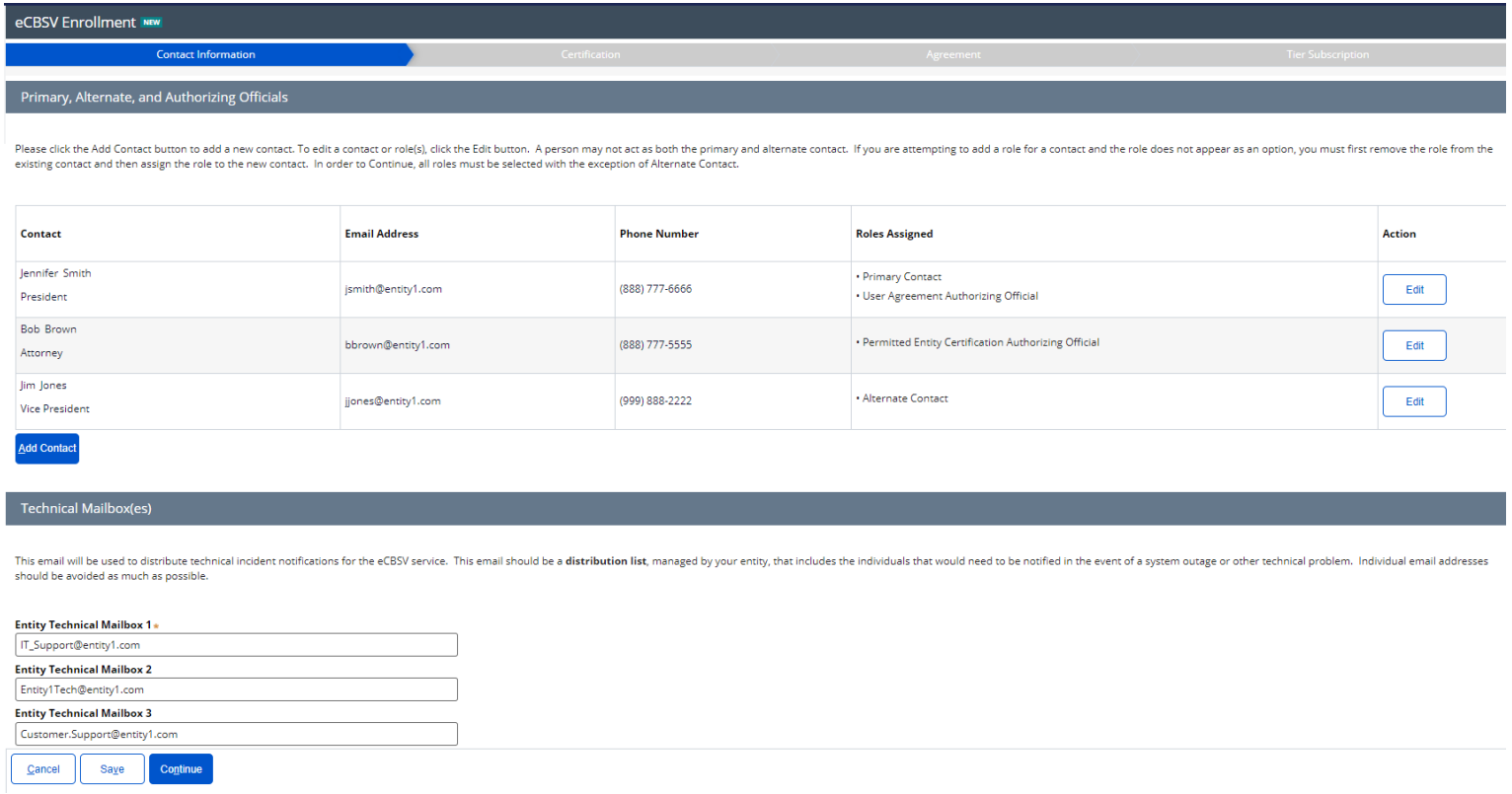
i. First-Time User



ii. Add Contact and Assign Role(s)

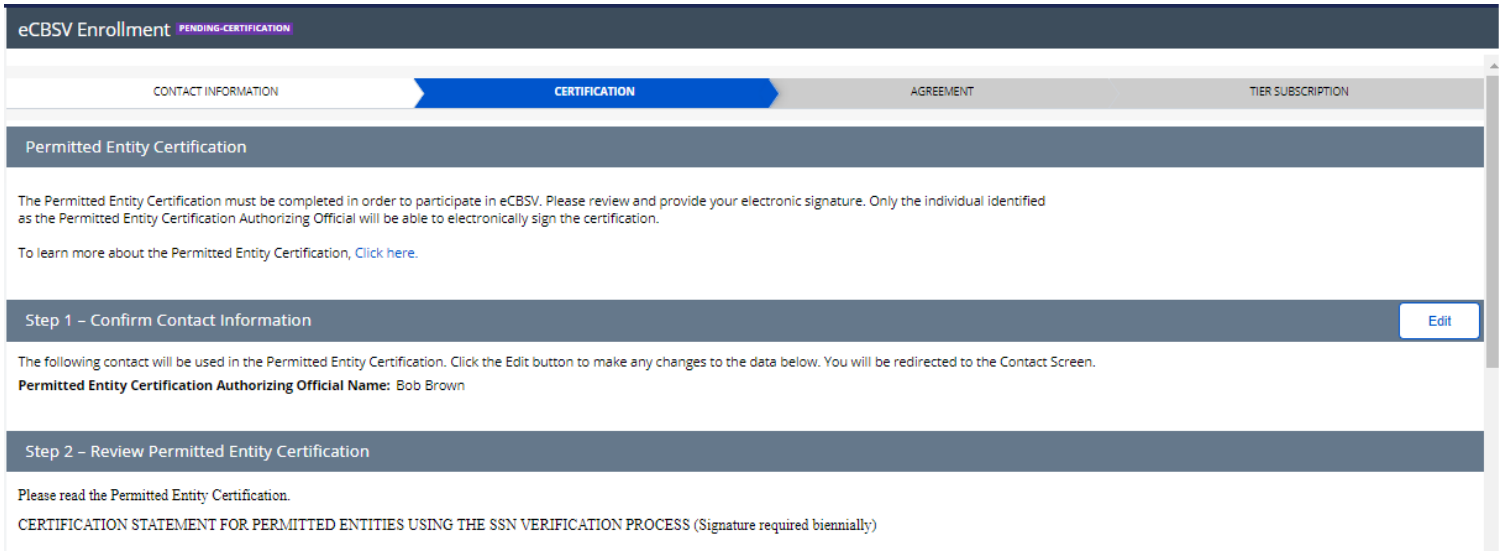

Add New Contact
Assign Roles
Primary Contact
Permitted Entity Certification Authorizing Official
User Agreement Authorizing Official
Name
First *
Last *
Jennifer
Smith
Job Title *
President
Telephone *
Extension
(888) 777-6666
Fax
Email *
jsmith@entity1.com
Mailing Address:
Line 1
123 My Street
Line 2
PO Box 344
City/Town
State
ZIP Code
Baltimore
Maryland
27664
Cancel
Save

iii. Contact Main Screen



e. Permitted Entity Certification

i. Main Screen



Name and Address of Permitted Entity:
Entity 1
1234 Test Way
PO Box 77
Baltimore, MD 23223

The following certification must be completed prior to SSA authorizing use of the eCBSV system.

I, Bob Brown, on behalf of the company listed above, certify that this entity attests to each of the following four (4) declarations:

1. The entity is a Permitted Entity.
2. The entity is in compliance with the Banking Bill.
3. The entity is, and will remain, in compliance with its privacy and data security requirements, as described in title V of the Gramm-Leach-Bliley Act (15 U.S.C. § 6801, et seq.), with respect to information the entity receives from the Commissioner pursuant to the Banking Bill.
4. The entity will retain sufficient records to demonstrate its compliance with its certification and the Banking Bill for a period of not less than two (2) years.

The permitted entity will provide this Certification to SSA, and not submit any SSN Verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.

The signatory, if electronically signing this document, agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the document, and that it has the same meaning as his/her handwritten signature.

Company Official Name: Bob Brown

Company Official Title: Treasurer

Company Official Phone Number: (877) 998-6655

Step 3 – Provide Electronic Signature

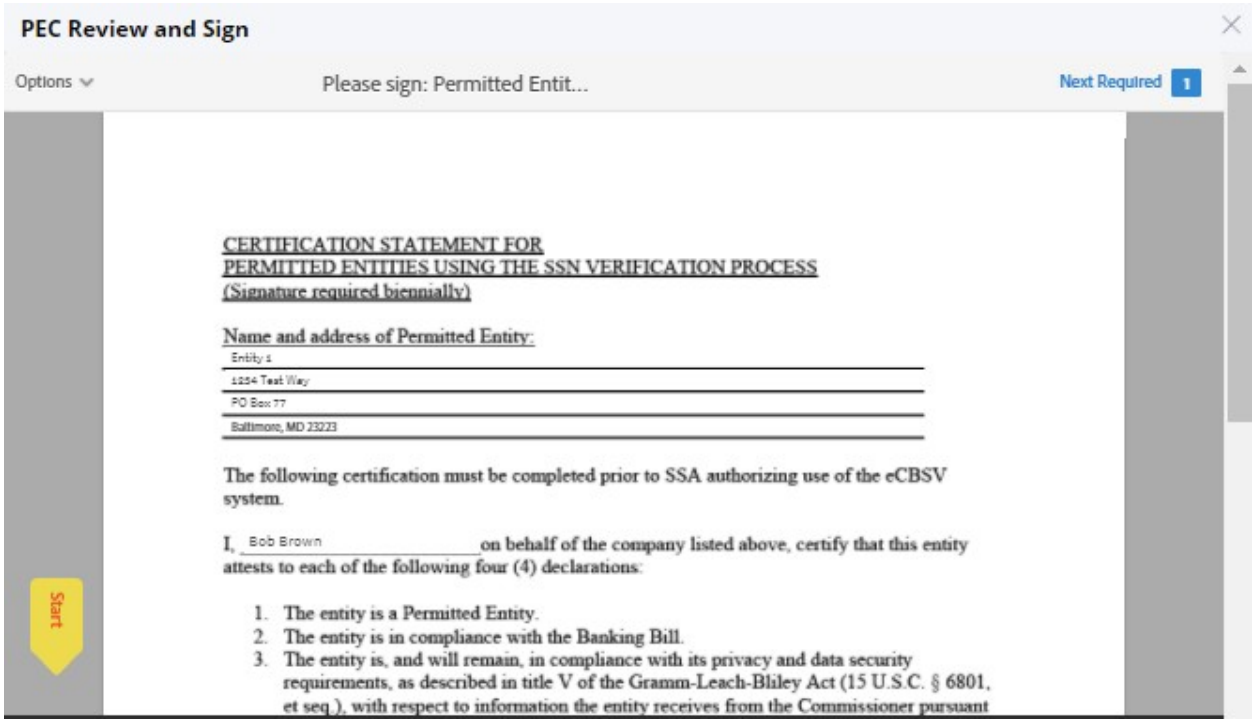
Please click on the Sign Certification button to electronically sign the Permitted Entity Certification.

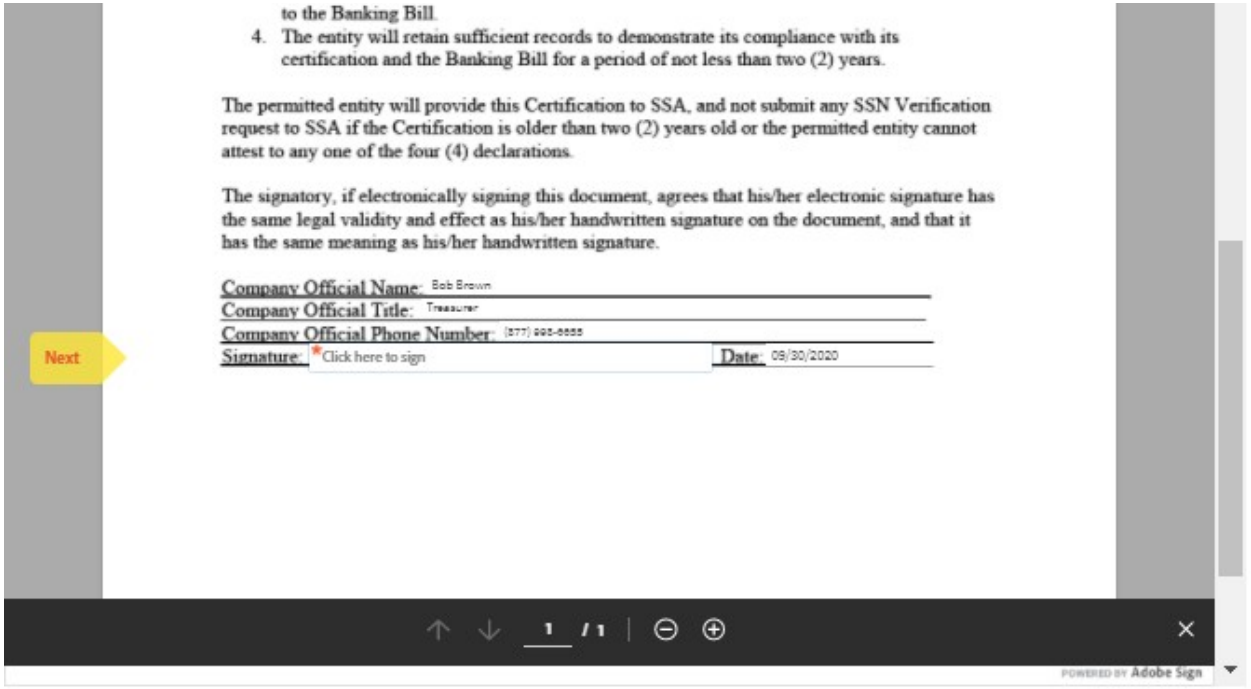
By clicking Sign Certification, you will be redirected to Adobe Sign, which is a nongovernment website that may have different privacy policies from those of the Social Security Administration's official website.

Sign Certification

Cancel Continue

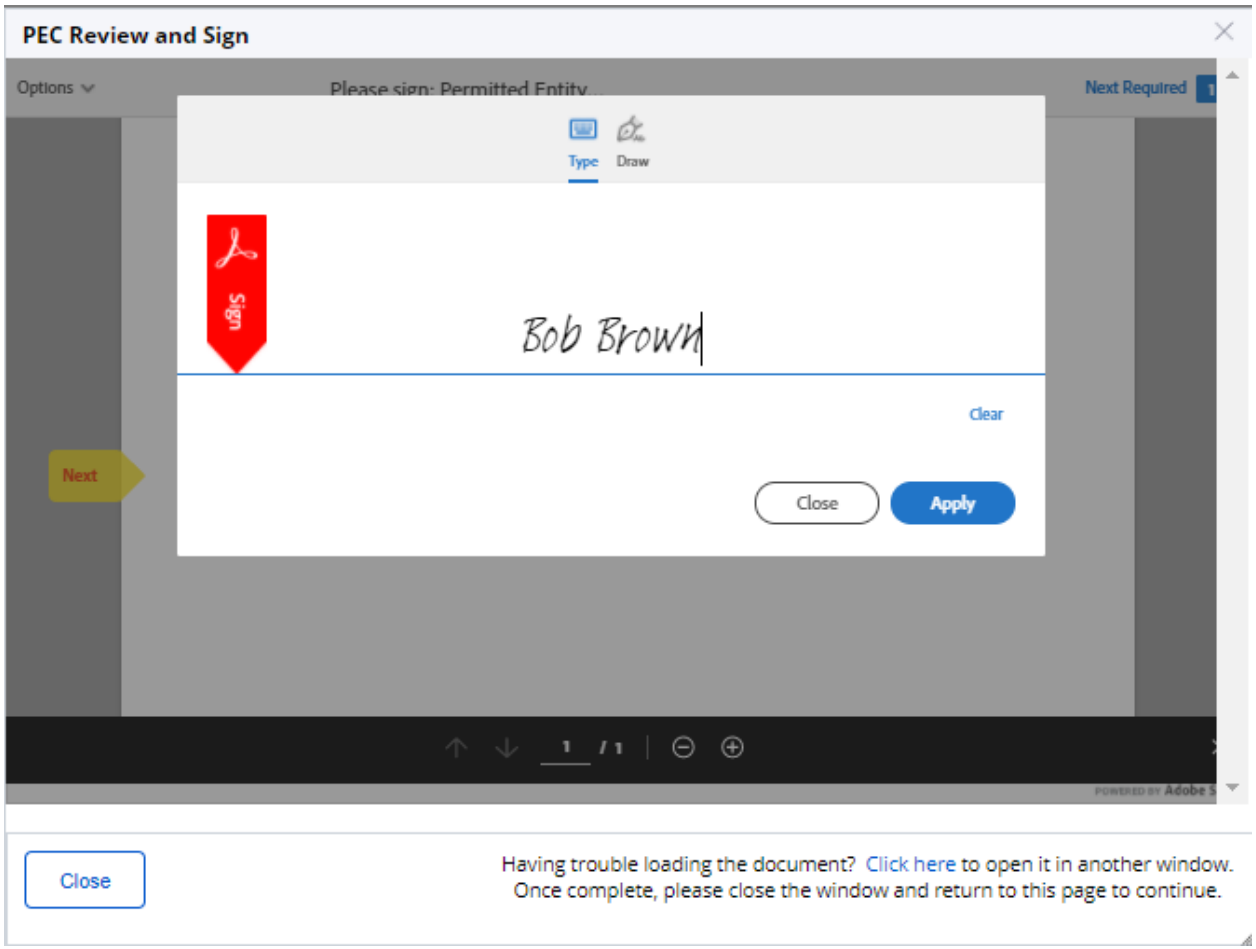
ii. Sign Certification

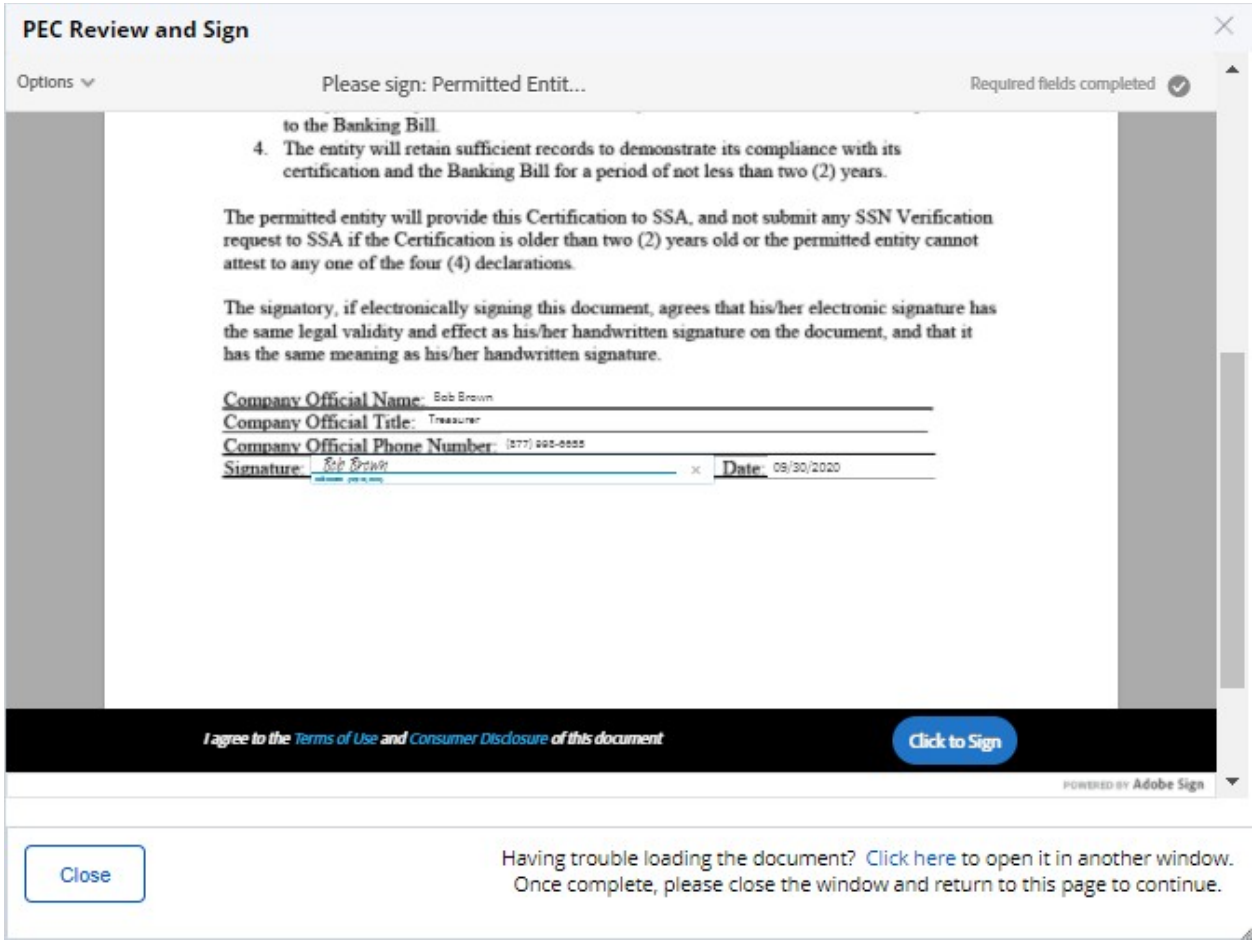


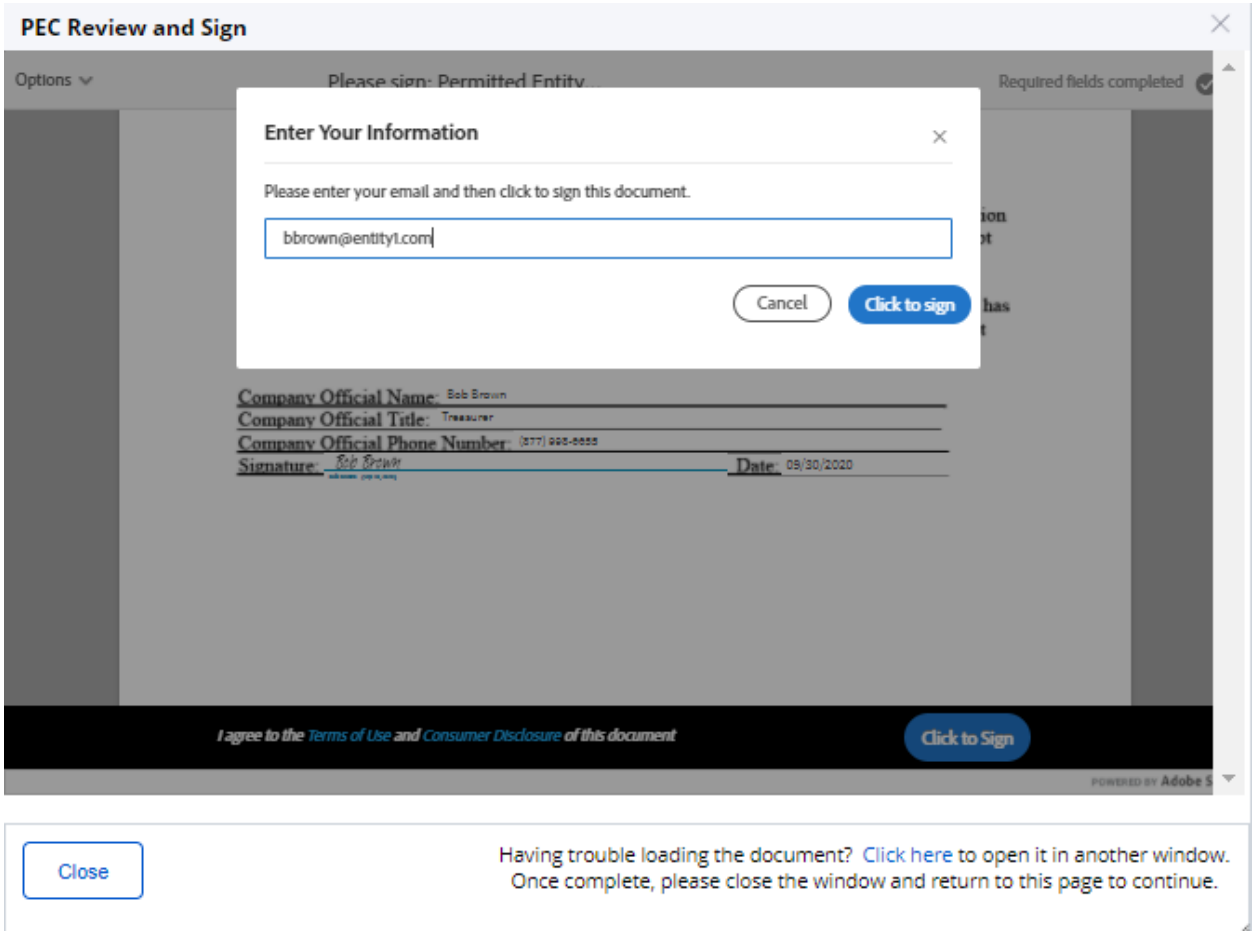


Close

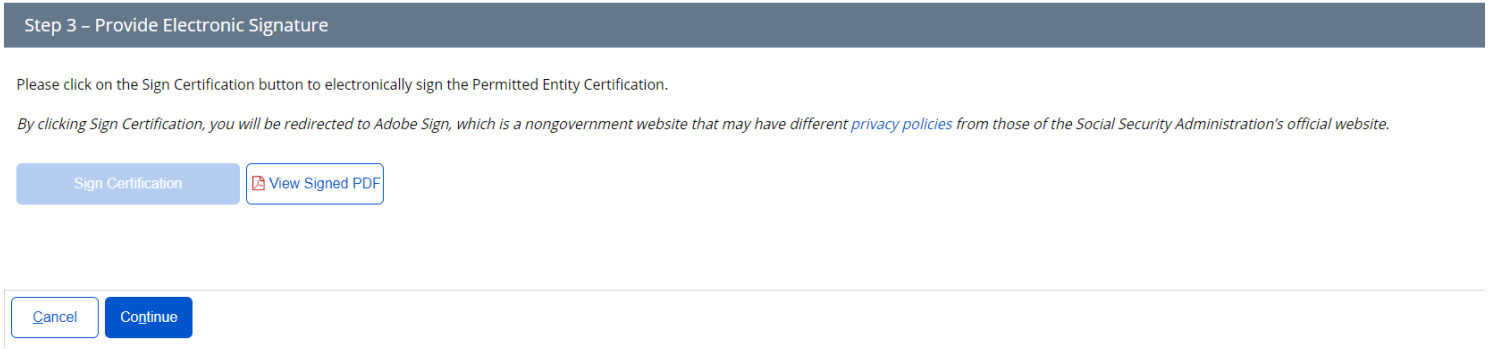
Having trouble loading the document? Click here to open it in another window.
Once complete, please close the window and return to this page to continue.


PEC Review and Sign
Options
Please sign: Permitted Entity...
Next Required
Type
Draw
Sign
Bob Brown
Clear
Next
Close
Apply
1 / 1
Close
Having trouble loading the document? Click here to open it in another window.
Once complete, please close the window and return to this page to continue.


PEC Review and Sign
Options
Please sign: Permitted Entit...
Required fields completed
to the Banking Bill.
4. The entity will retain sufficient records to demonstrate its compliance with its certification and the Banking Bill for a period of not less than two (2) years.
The permitted entity will provide this Certification to SSA, and not submit any SSN Verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.
The signatory, if electronically signing this document, agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the document, and that it has the same meaning as his/her handwritten signature.
Company Official Name: Bob Brown
Company Official Title: Treasurer
Company Official Phone Number: (877) 555-5555
Signature: Bob Brown
Date: 09/30/2020
I agree to the Terms of Use and Consumer Disclosure of this document
Click to Sign
POWERED BY Adobe Sign
Close
Having trouble loading the document? Click here to open it in another window.
Once complete, please close the window and return to this page to continue.

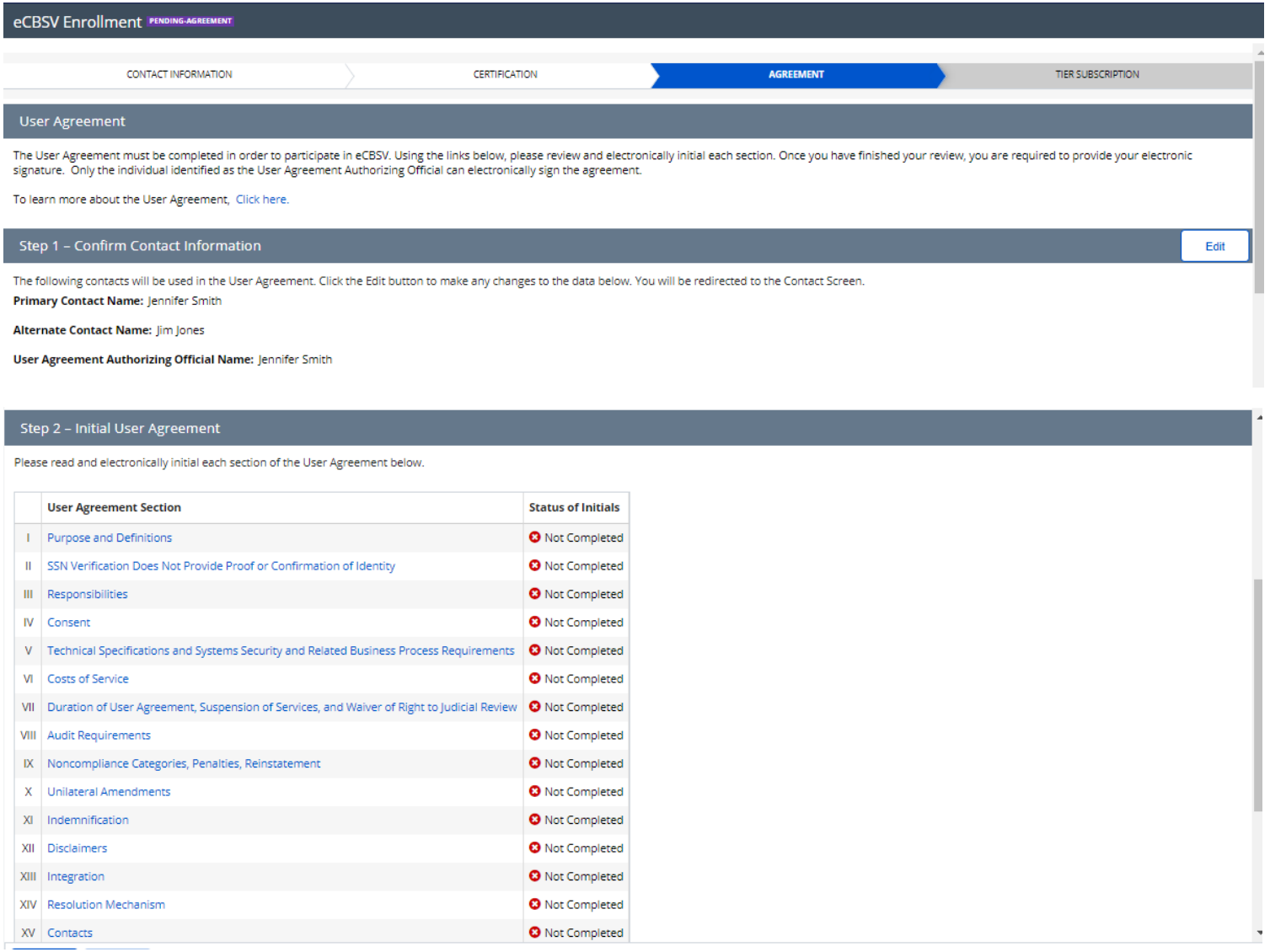

PEC Review and Sign
Options
Please sign: Permitted Entity
Required fields completed
Enter Your Information
Please enter your email and then click to sign this document.
bbrown@entityt.com
Cancel
Click to sign
Company Official Name: Bob Brown
Company Official Title: Treasurer
Company Official Phone Number: (877) 888-8888
Signature: Bob Brown
Date: 09/30/2020
I agree to the Terms of Use and Consumer Disclosure of this document
Click to Sign
Close
Having trouble loading the document? Click here to open it in another window.
Once complete, please close the window and return to this page to continue.

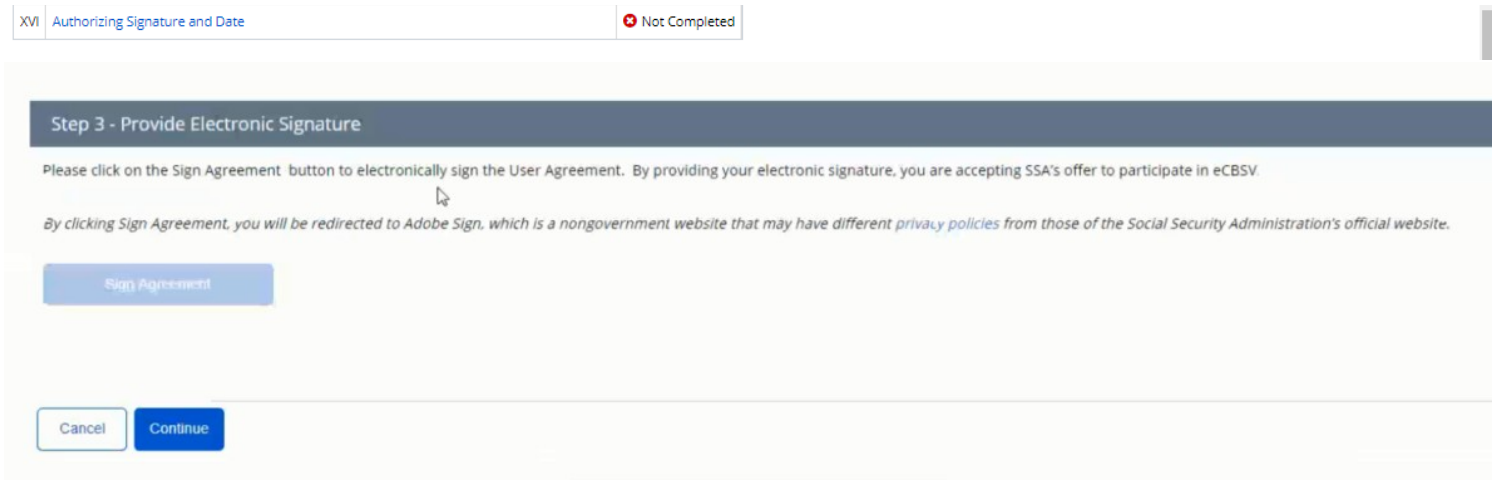
iii. Main Screen After Signature



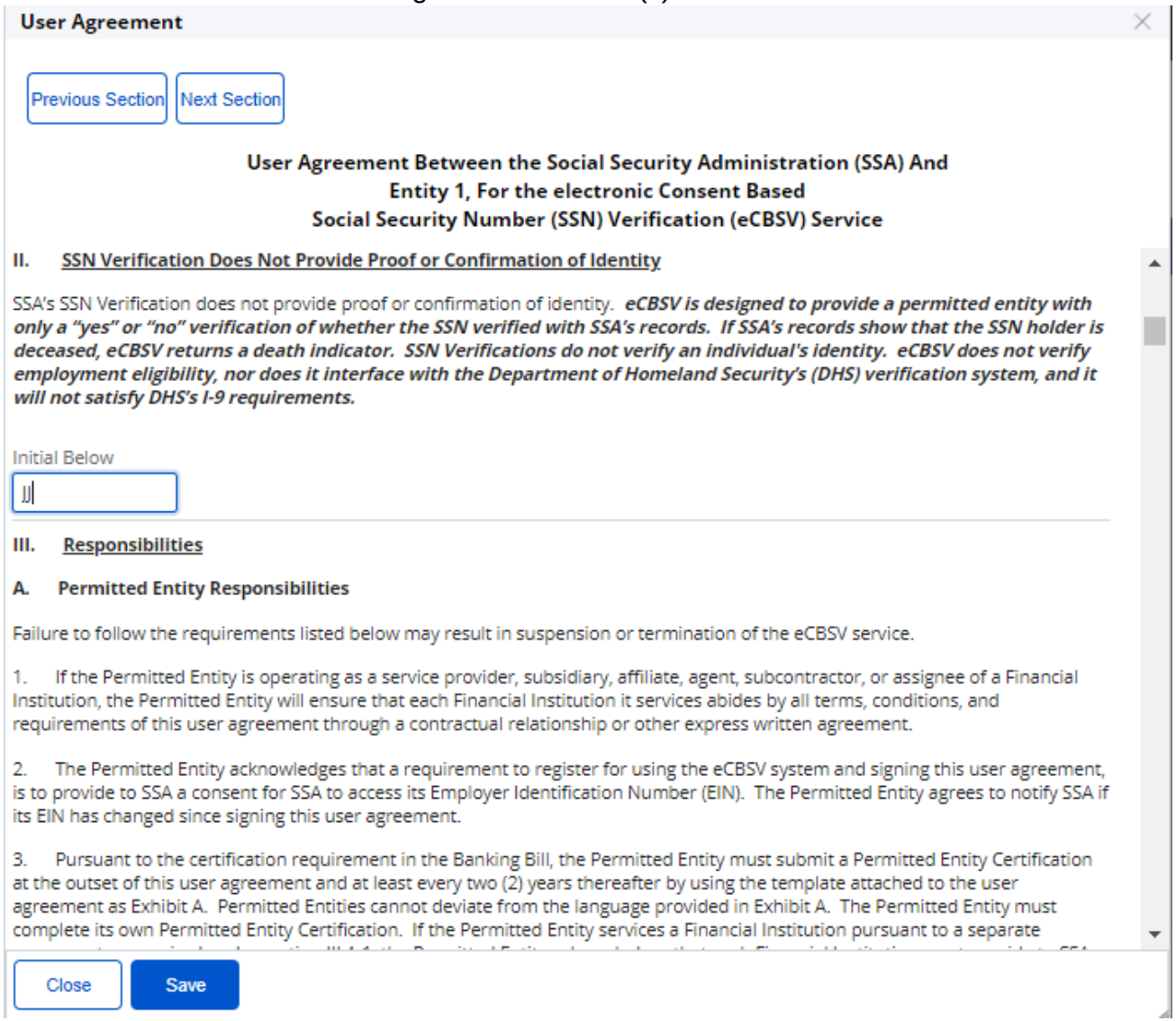
f. User Agreement

i. User Agreement Main




XVI
Authorizing Signature and Date
Not Completed
Step 3 - Provide Electronic Signature
Please click on the Sign Agreement button to electronically sign the User Agreement. By providing your electronic signature, you are accepting SSA's offer to participate in eCBSV.
By clicking Sign Agreement, you will be redirected to Adobe Sign, which is a nongovernment website that may have different privacy policies from those of the Social Security Administration's official website.
Sign Agreement
Cancel
Continue

ii. User Reads & Initials User Agreement Section(s)



	User Agreement Section	Status of Initials
I	Purpose and Definitions	Completed
II	SSN Verification Does Not Provide Proof or Confirmation of Identity	Completed
III	Responsibilities	Completed
IV	Consent	Completed
V	Technical Specifications and Systems Security and Related Business Process Requirements	Completed
VI	Costs of Service	Completed
VII	Duration of User Agreement, Suspension of Services, and Waiver of Right to Judicial Review	Completed
VIII	Audit Requirements	Completed
IX	Noncompliance Categories, Penalties, Reinstatement	Completed
X	Unilateral Amendments	Completed
XI	Indemnification	Completed
XII	Disclaimers	Completed
XIII	Integration	Completed
XIV	Resolution Mechanism	Completed
XV	Contacts	Completed
XVI	Authorizing Signature and Date	Completed

Step 3 - Provide Electronic Signature

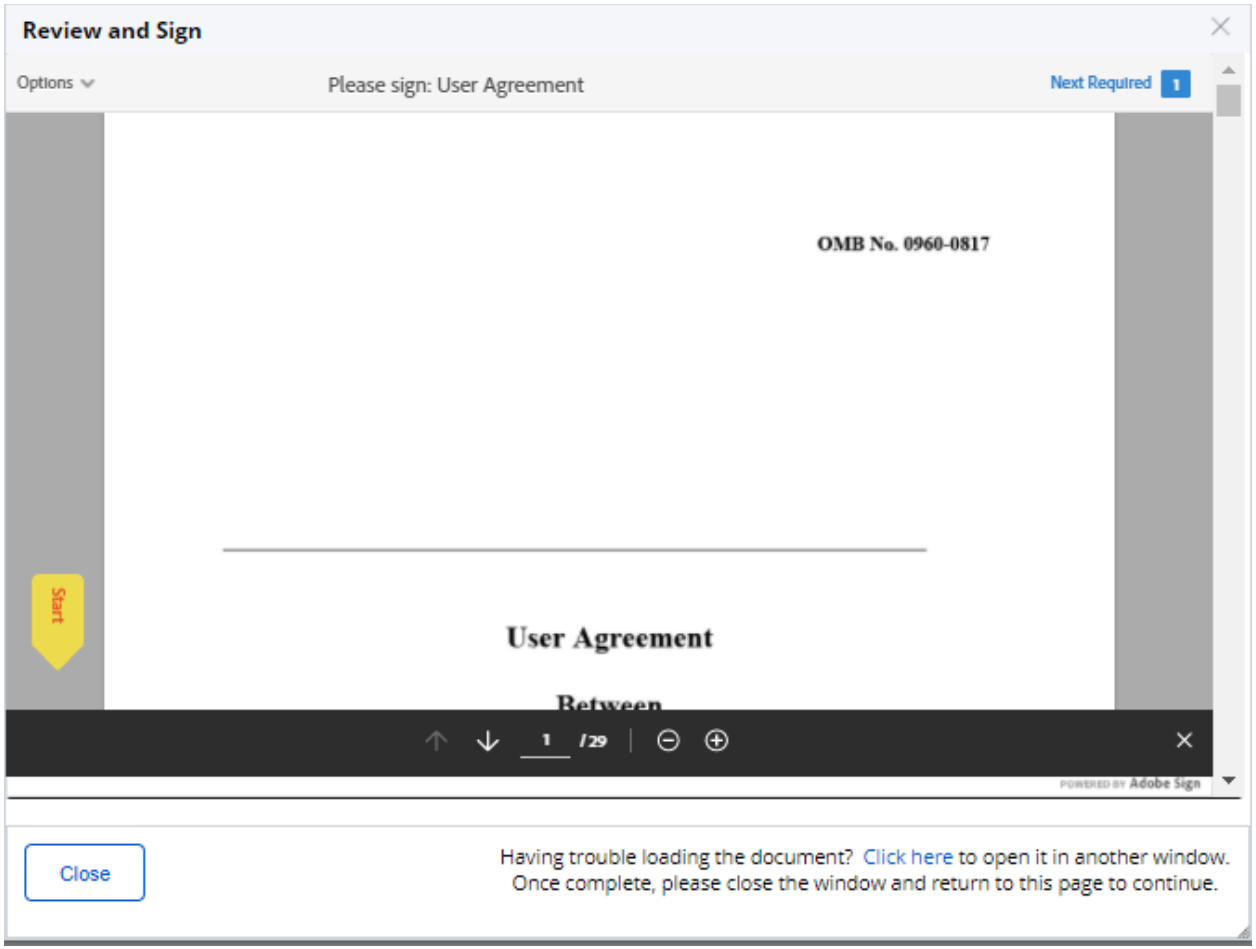
Please click on the Sign Agreement button to electronically sign the User Agreement. By providing your electronic signature, you are accepting SSA's offer to participate in eCBSV.

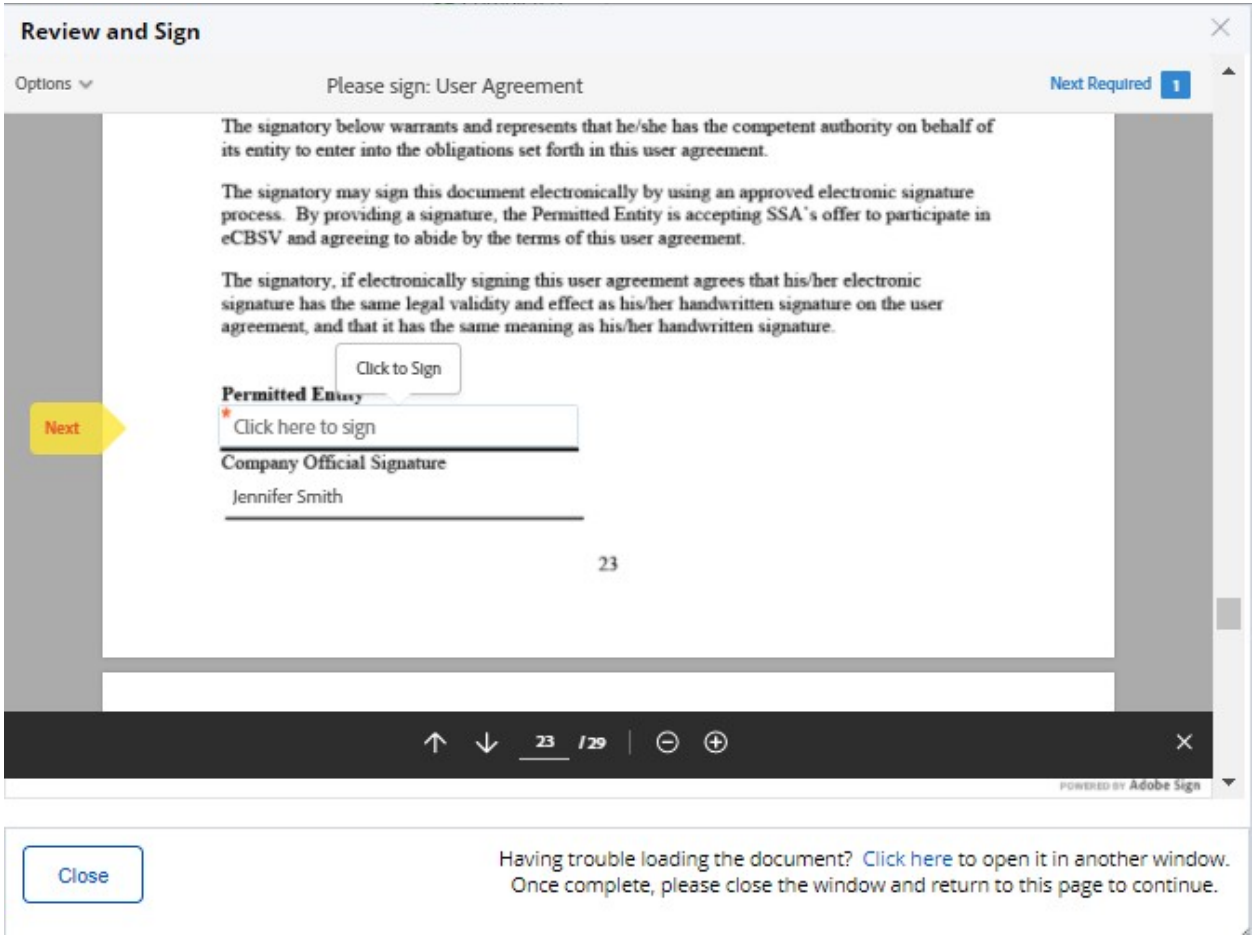
By clicking Sign Agreement, you will be redirected to Adobe Sign, which is a nongovernment website that may have different privacy policies from those of the Social Security Administration's official website.

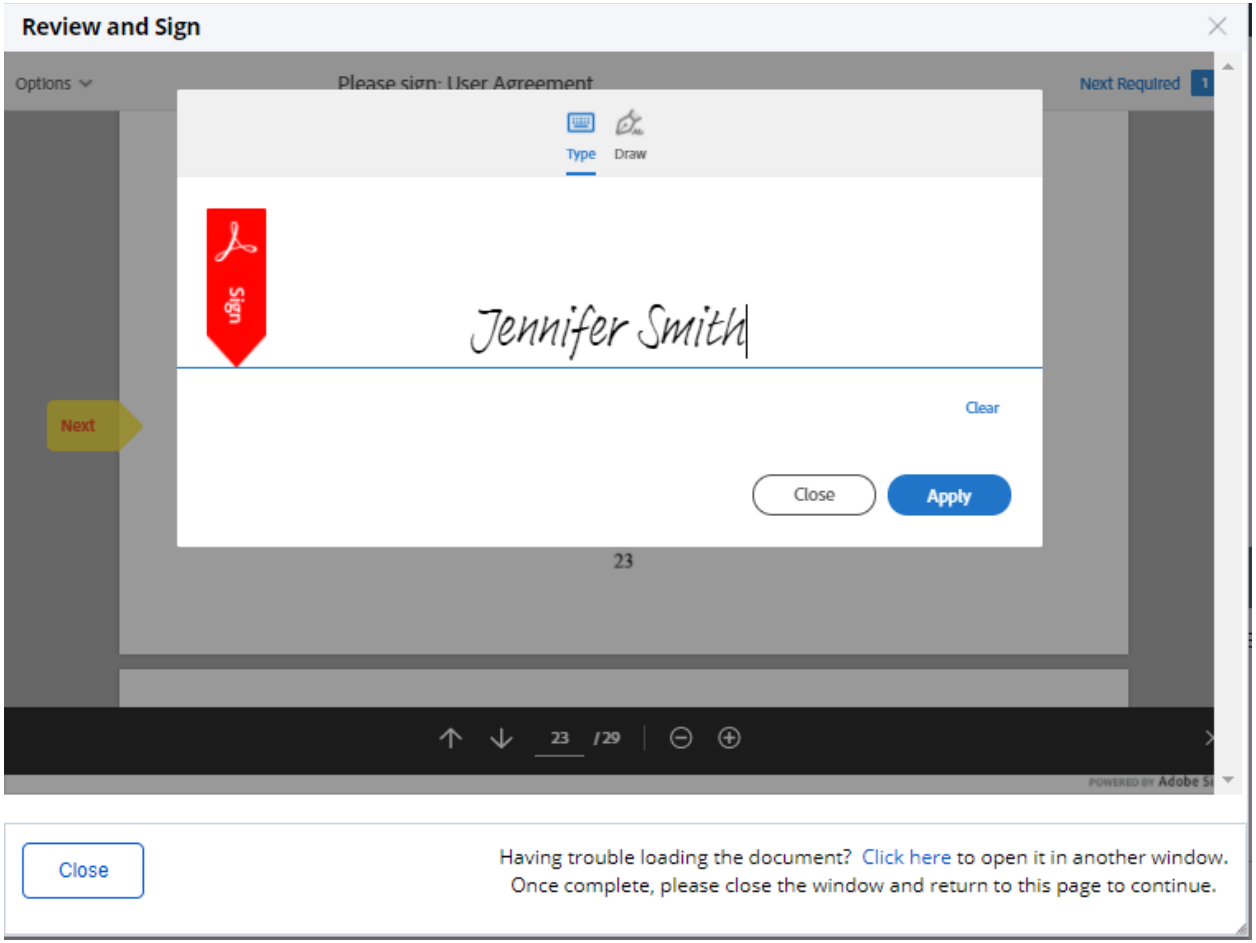
Sign Agreement

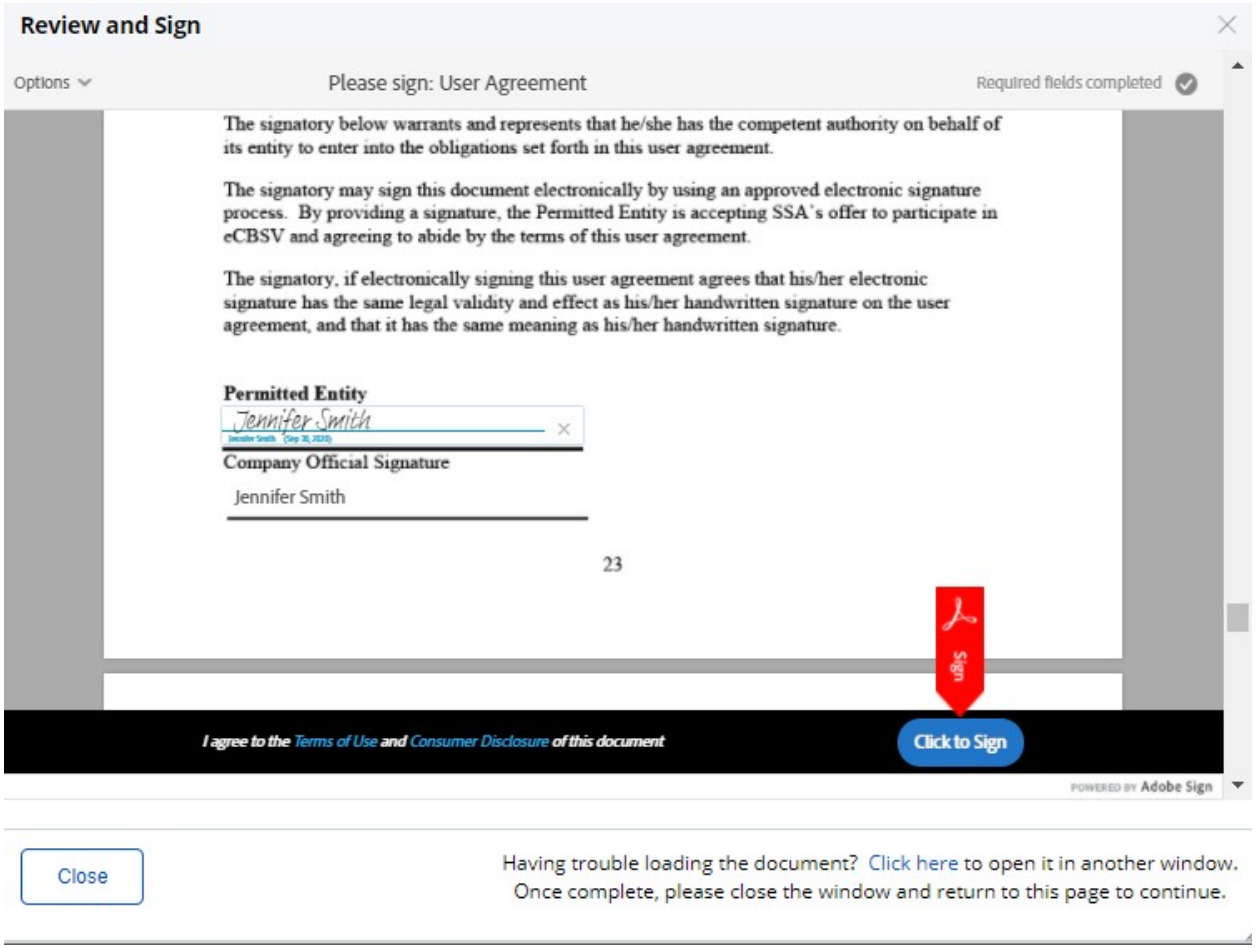
Cancel Continue

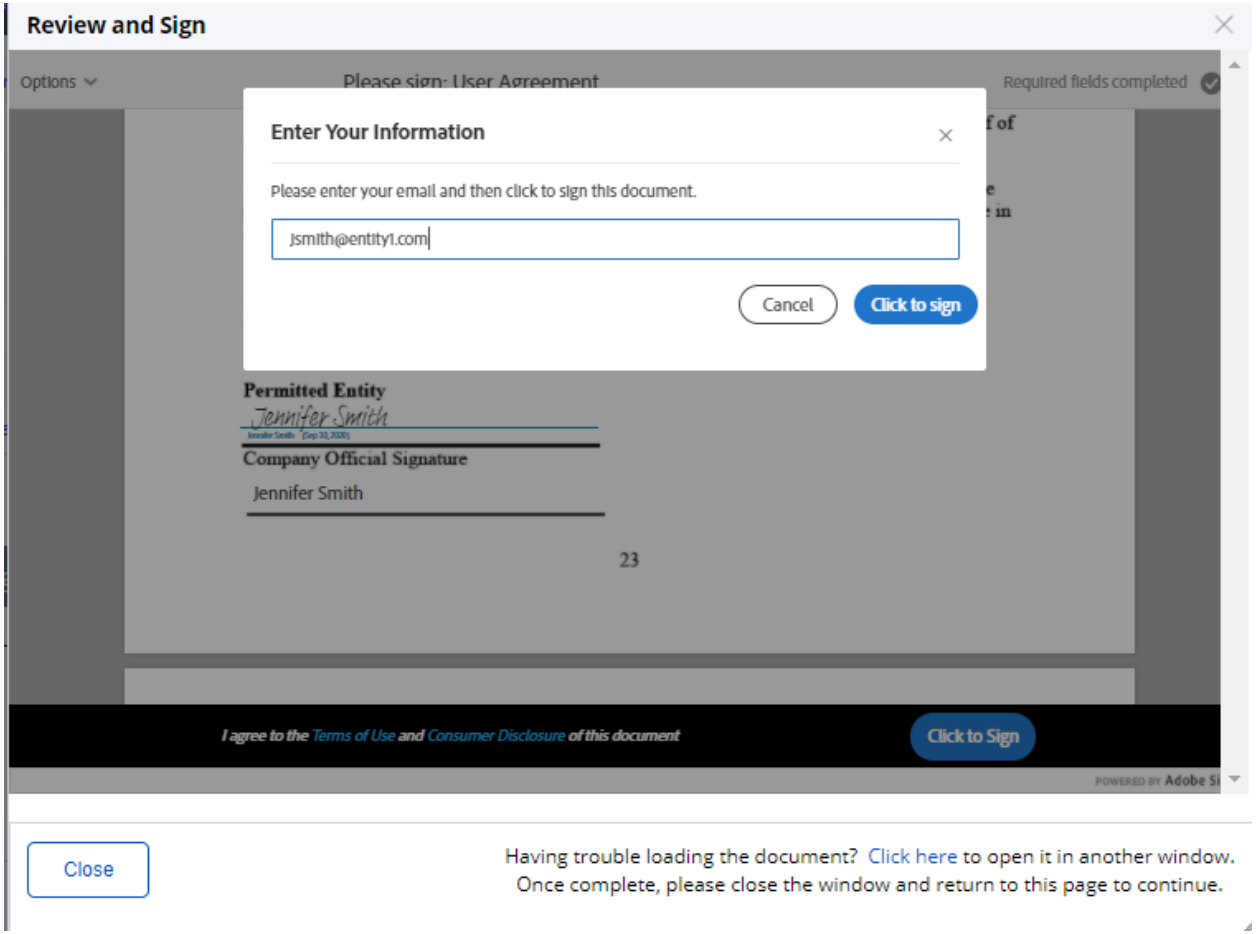
iii. Sign Agreement



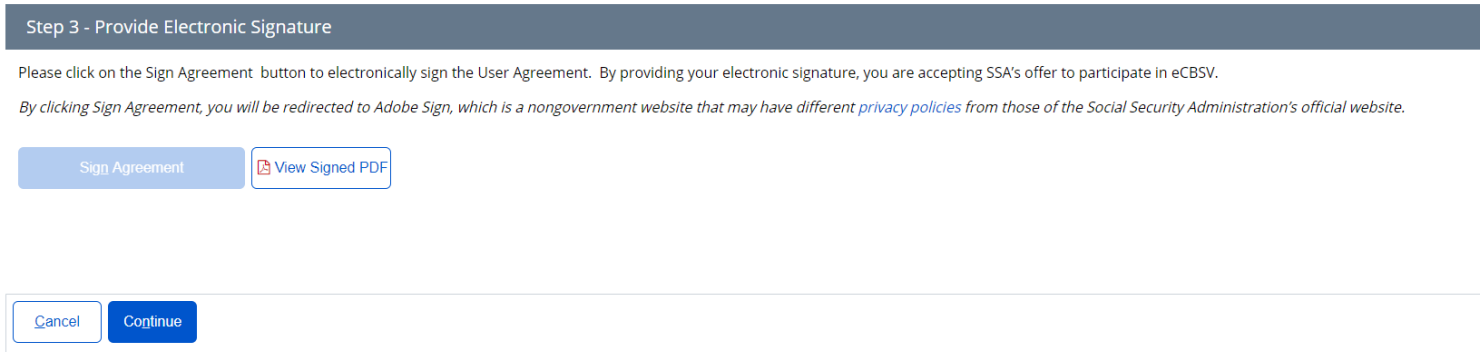

Review and Sign
Options
Please sign: User Agreement
Next Required 1
The signatory below warrants and represents that he/she has the competent authority on behalf of its entity to enter into the obligations set forth in this user agreement.
The signatory may sign this document electronically by using an approved electronic signature process. By providing a signature, the Permitted Entity is accepting SSA's offer to participate in eCBSV and agreeing to abide by the terms of this user agreement.
The signatory, if electronically signing this user agreement agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the user agreement, and that it has the same meaning as his/her handwritten signature.
Click to Sign
Permitted Entity
Next
Click here to sign
Company Official Signature
Jennifer Smith
23
23 / 29
Close
Having trouble loading the document? Click here to open it in another window.
Once complete, please close the window and return to this page to continue.


Review and Sign
Options
Please sign: User Agreement
Next Required 1
Type
Draw
Sign
Jennifer Smith
Clear
Next
Close
Apply
23
23 / 29
Close
Having trouble loading the document? Click here to open it in another window.
Once complete, please close the window and return to this page to continue.


Review and Sign
Options
Please sign: User Agreement
Required fields completed
The signatory below warrants and represents that he/she has the competent authority on behalf of its entity to enter into the obligations set forth in this user agreement.
The signatory may sign this document electronically by using an approved electronic signature process. By providing a signature, the Permitted Entity is accepting SSA's offer to participate in eCBSV and agreeing to abide by the terms of this user agreement.
The signatory, if electronically signing this user agreement agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the user agreement, and that it has the same meaning as his/her handwritten signature.
Permitted Entity
Jennifer Smith
Company Official Signature
Jennifer Smith
23
Sign
I agree to the Terms of Use and Consumer Disclosure of this document
Click to Sign
POWERED BY Adobe Sign
Close
Having trouble loading the document? Click here to open it in another window.
Once complete, please close the window and return to this page to continue.

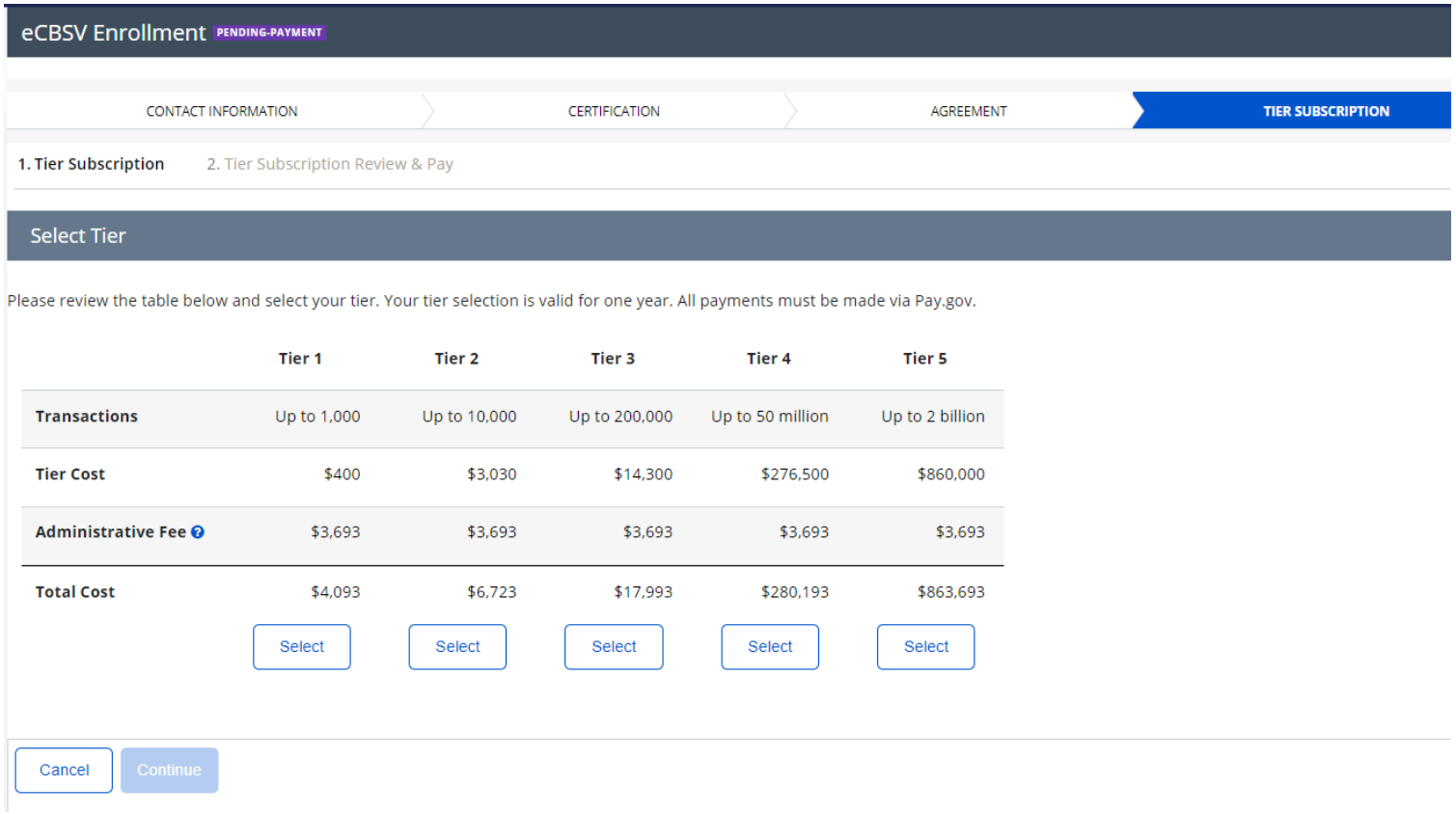

Review and Sign
Options
Please sign: User Agreement
Required fields completed
Enter Your Information
Please enter your email and then click to sign this document.
jsmith@entity1.com
Cancel
Click to sign
Permitted Entity
Jennifer Smith
Company Official Signature
Jennifer Smith
23
I agree to the Terms of Use and Consumer Disclosure of this document
Click to Sign
Close
Having trouble loading the document? Click here to open it in another window.
Once complete, please close the window and return to this page to continue.

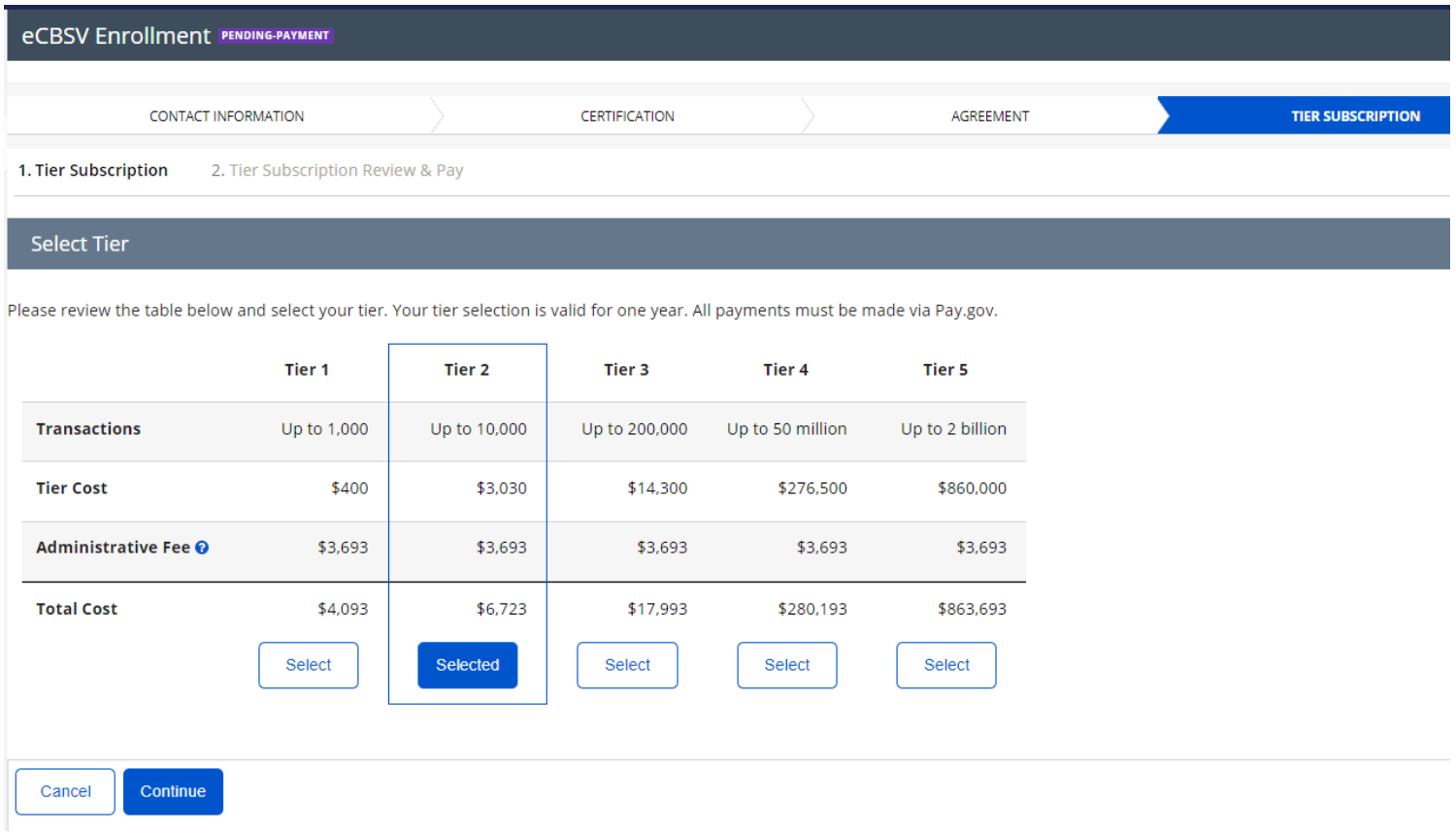
iv. Main Screen After Signature



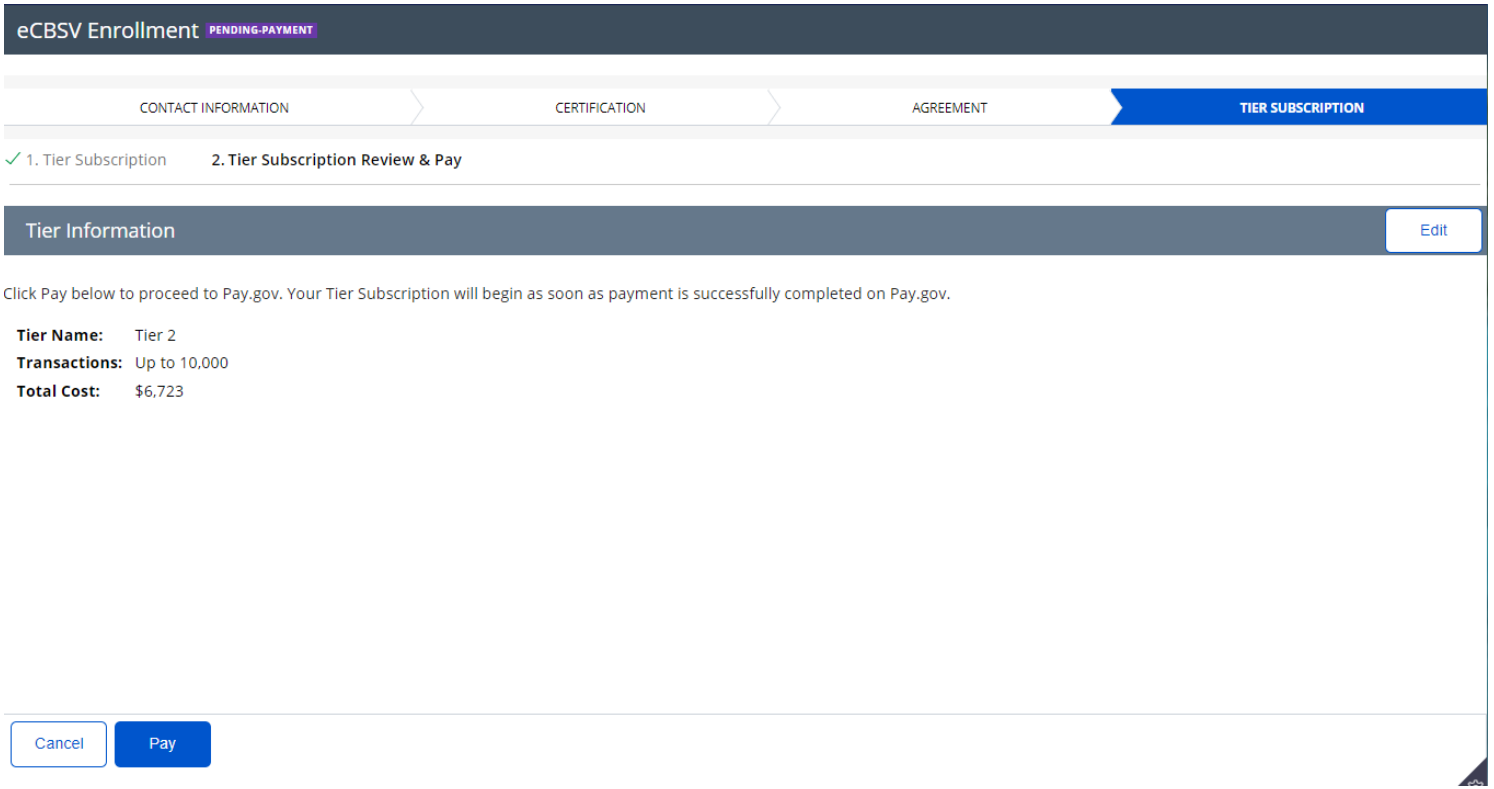
g. Tier Subscription

i. Select Tier Selection

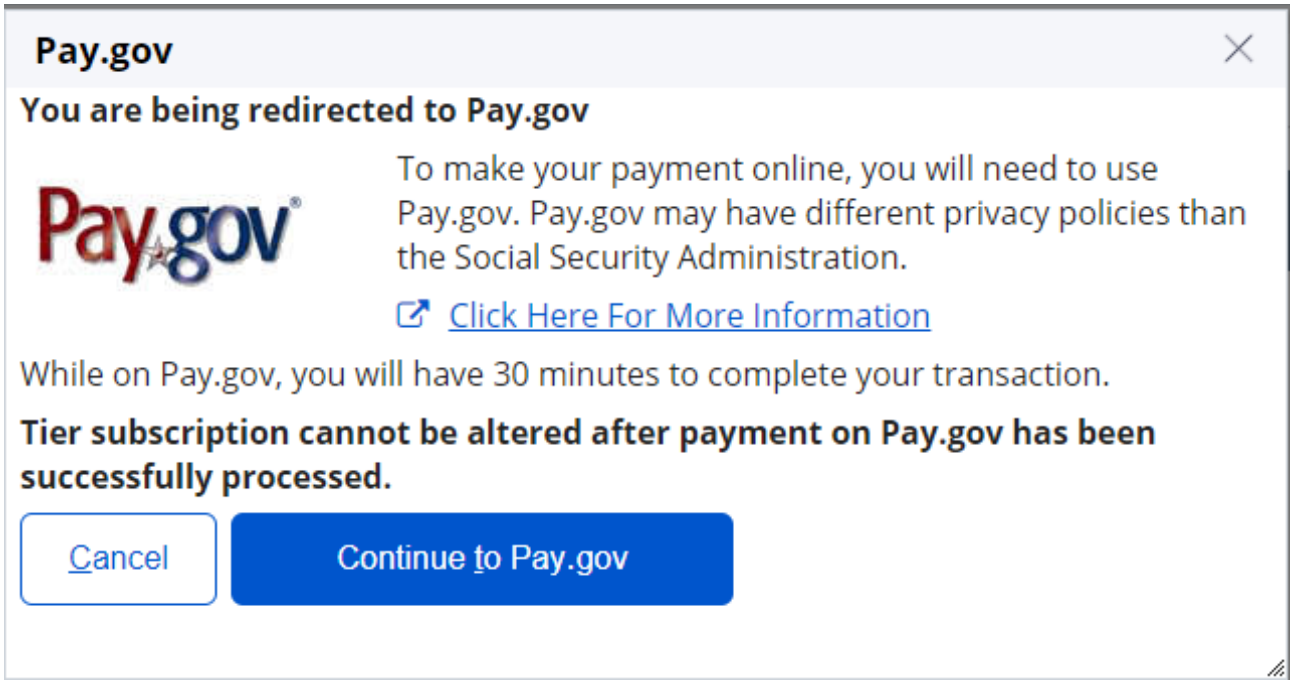



eCBSV Enrollment
PENDING-PAYMENT
CONTACT INFORMATION
CERTIFICATION
AGREEMENT
TIER SUBSCRIPTION
1. Tier Subscription
2. Tier Subscription Review & Pay
Select Tier
Please review the table below and select your tier. Your tier selection is valid for one year. All payments must be made via Pay.gov.
Tier 1
Tier 2
Tier 3
Tier 4
Tier 5
Transactions
Up to 1,000
Up to 10,000
Up to 200,000
Up to 50 million
Up to 2 billion
Tier Cost
$400
$3,030
$14,300
$276,500
$860,000
Administrative Fee
$3,693
$3,693
$3,693
$3,693
$3,693
Total Cost
$4,093
$6,723
$17,993
$280,193
$863,693
Select
Selected
Select
Select
Select
Cancel
Continue

ii. Tier Subscription Review & Pay



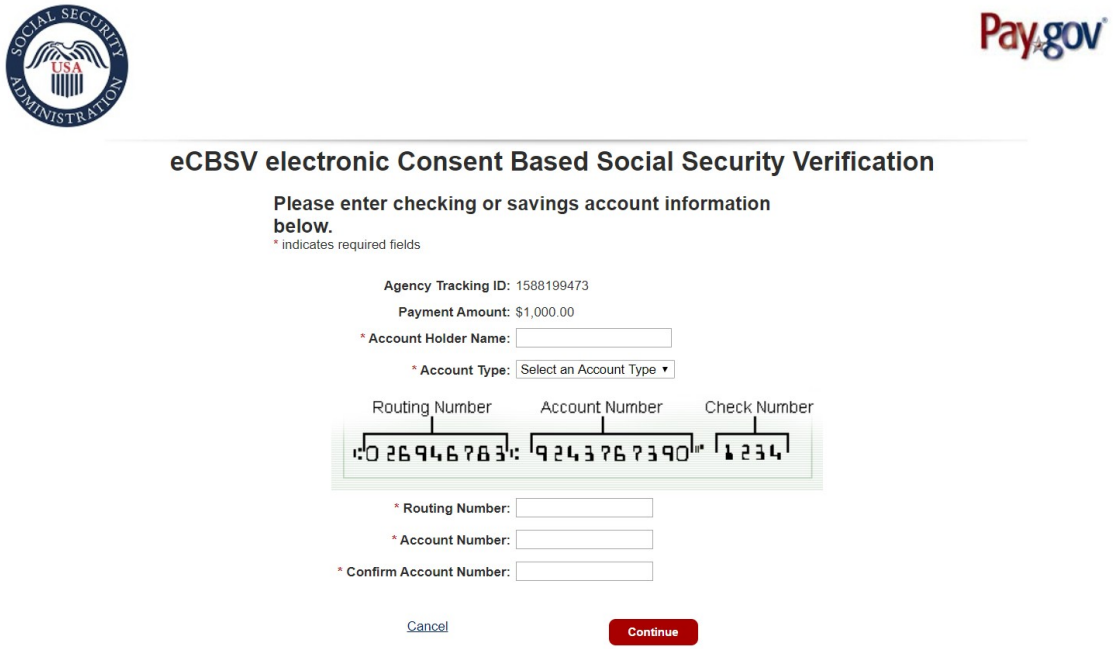
iii. Pay.Gov Redirect



iv. Pay.gov Pay Screen 1 (for payments of $24,999 or lower)

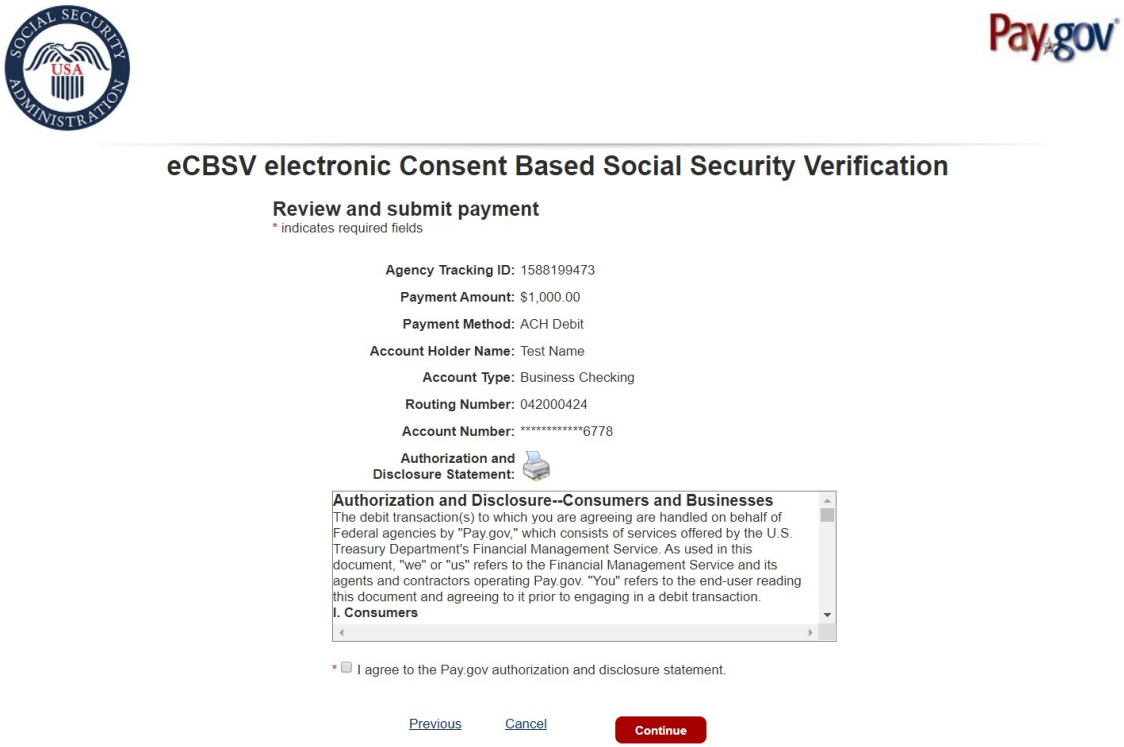
Note: Customers with payments of $25,000 and greater will not see this screen as they will be required to pay by ACH.

v. Pay.gov Pay Screen 2 (Checking or Savings Account (ACH))



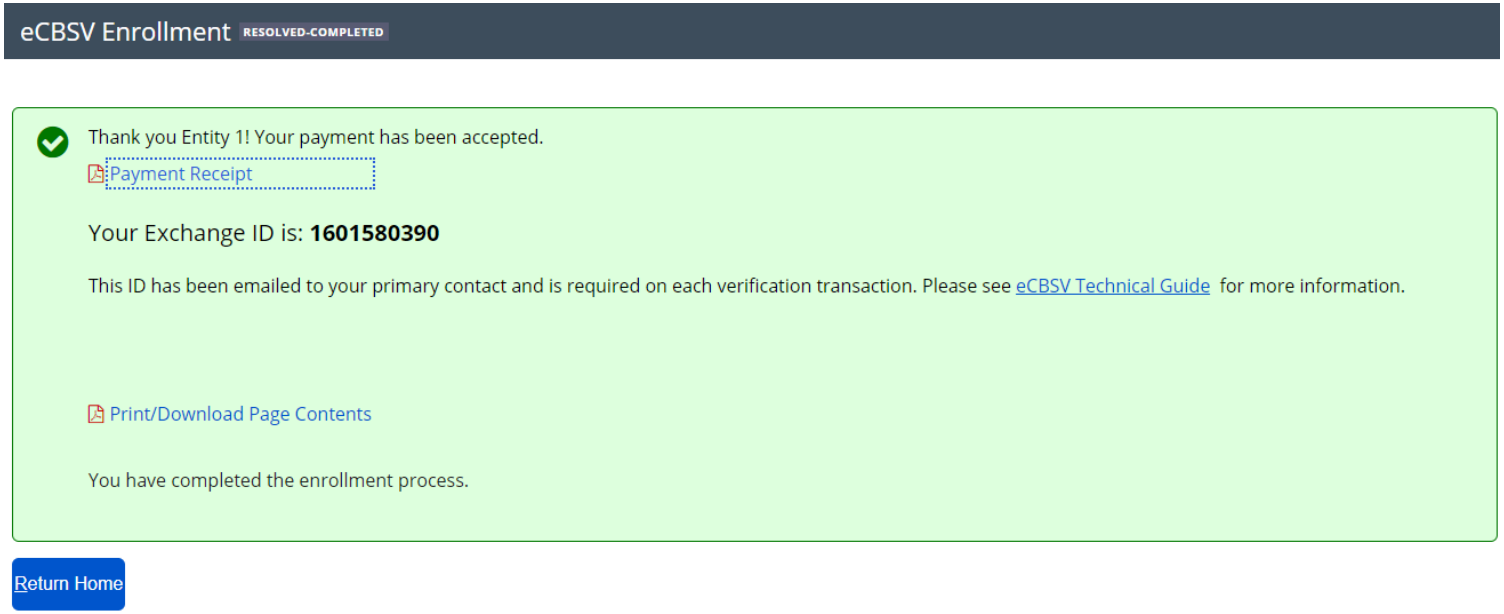
vi. Pay.gov Pay Screen 3 (Credit or Debit Card)

vii. Pay.gov Pay Screen 4 (Review and Submit Payment)

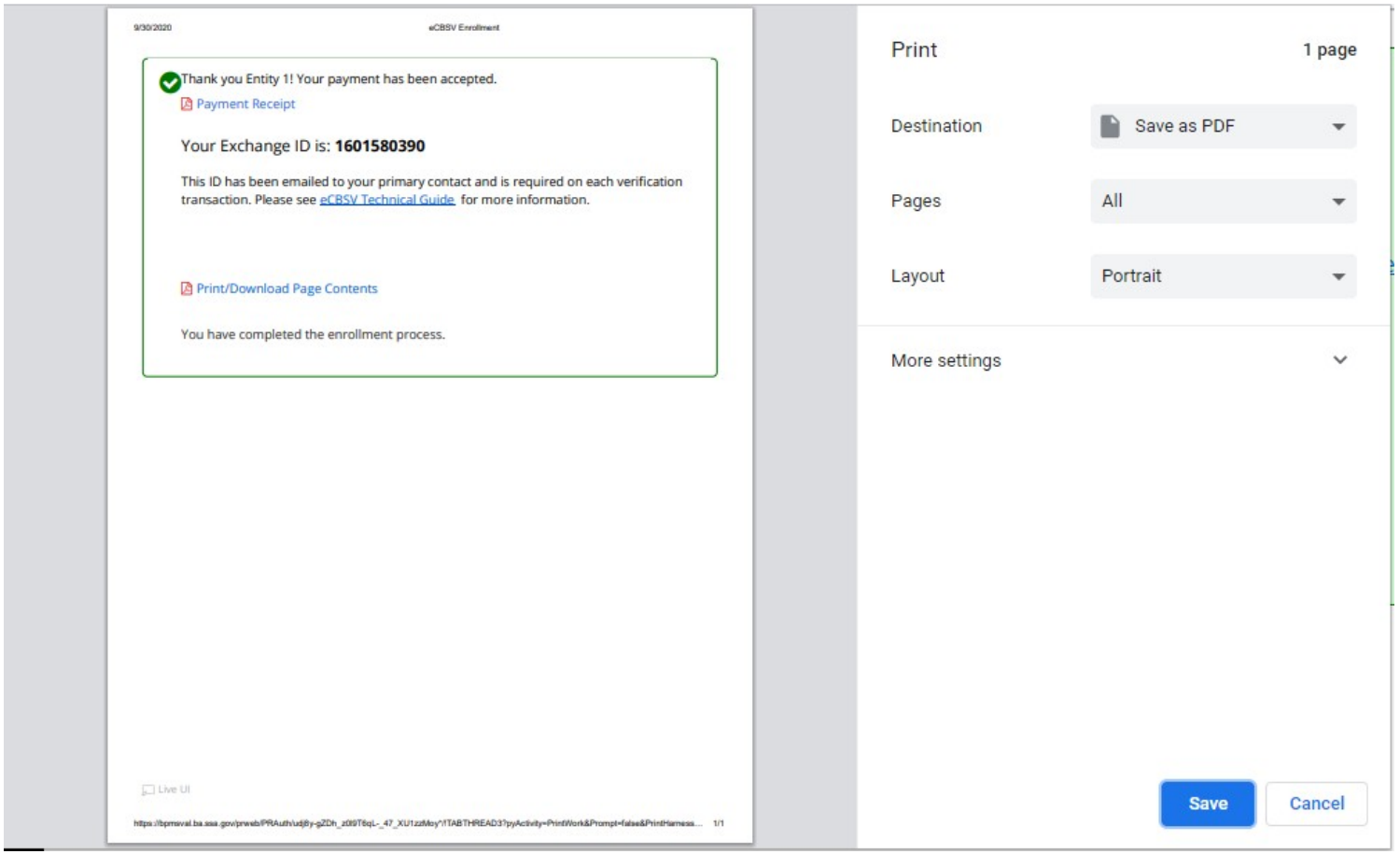


h. Start Exchanging

i. Payment Confirmation



ii. Print/Download Page Contents



i. Payment Receipt

i. Receipt

Pay.gov Payment

Date:	09/30/2020
Amount:	$4,721.00
Invoice:	1601600333
Pay.gov Confirmation:	3FPJH1DO

Tier Subscription Dates

Start Date:	09/30/2020
End Date:	09/29/2021

Tier Information

Tier Name:	Tier 2
Number of Transactions:	Up to 10,000

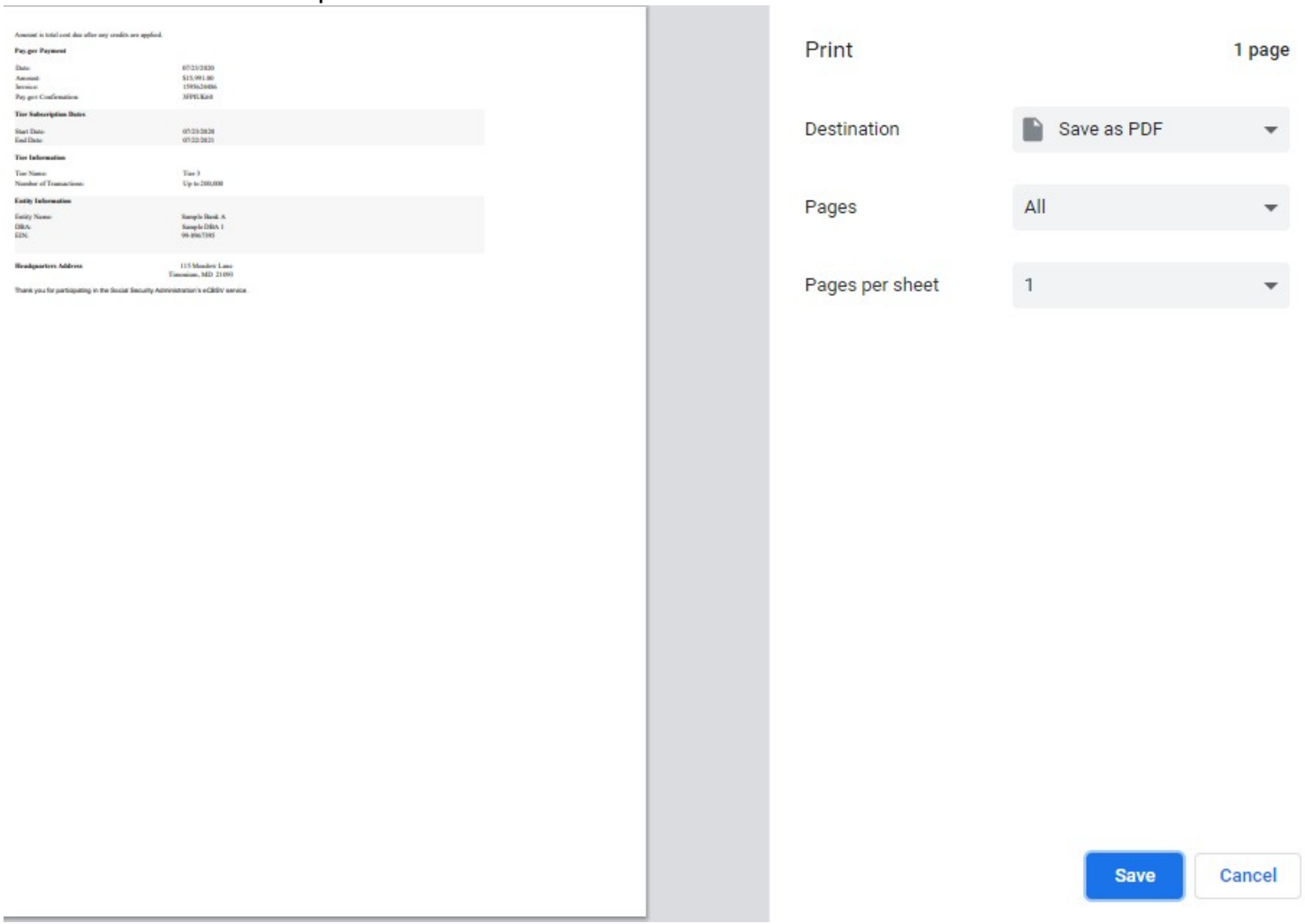
Entity Information

Entity Name:	Entity 1
DBA:	Entity One
EIN:	83-3399584

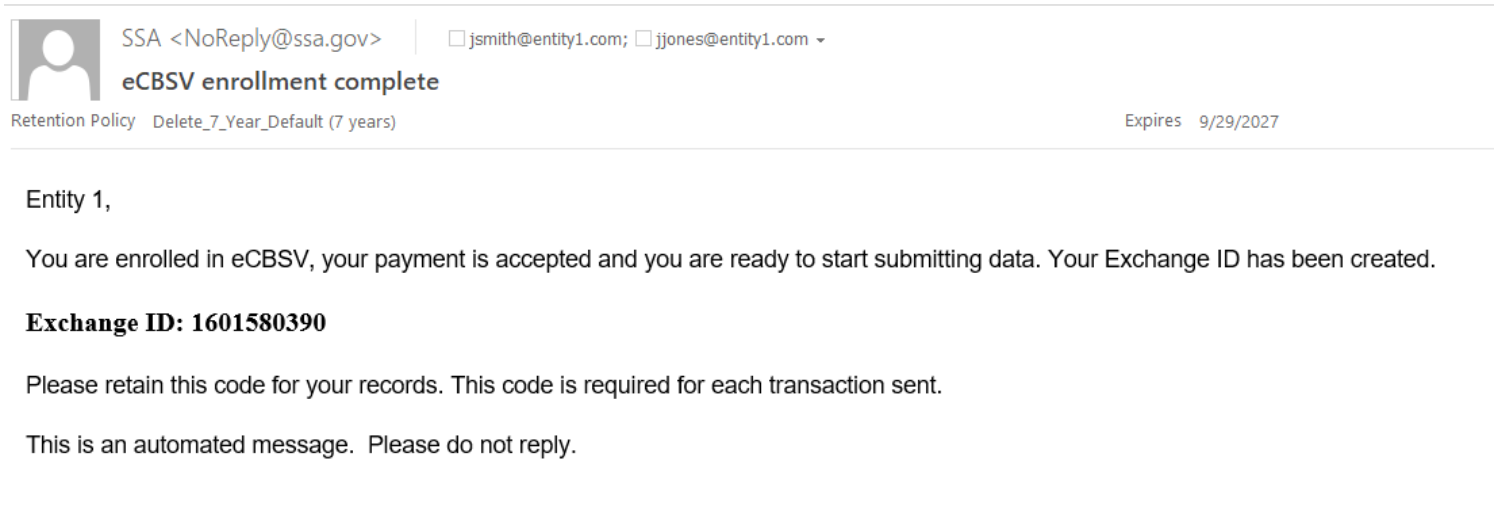
Headquarters Address	1234 Test Way PO Box 77 Baltimore, MD 23223

Thank you for participating in the Social Security Administration's eCBSV service.

ii. Print/Download Receipt



iii. Sample Enrollment Email



SSA <NoReply@ssa.gov> jsmith@entity1.com; jjones@entity1.com

eCBSV enrollment complete

Retention Policy Delete_7_Year_Default (7 years) Expires 9/29/2027

Entity 1,

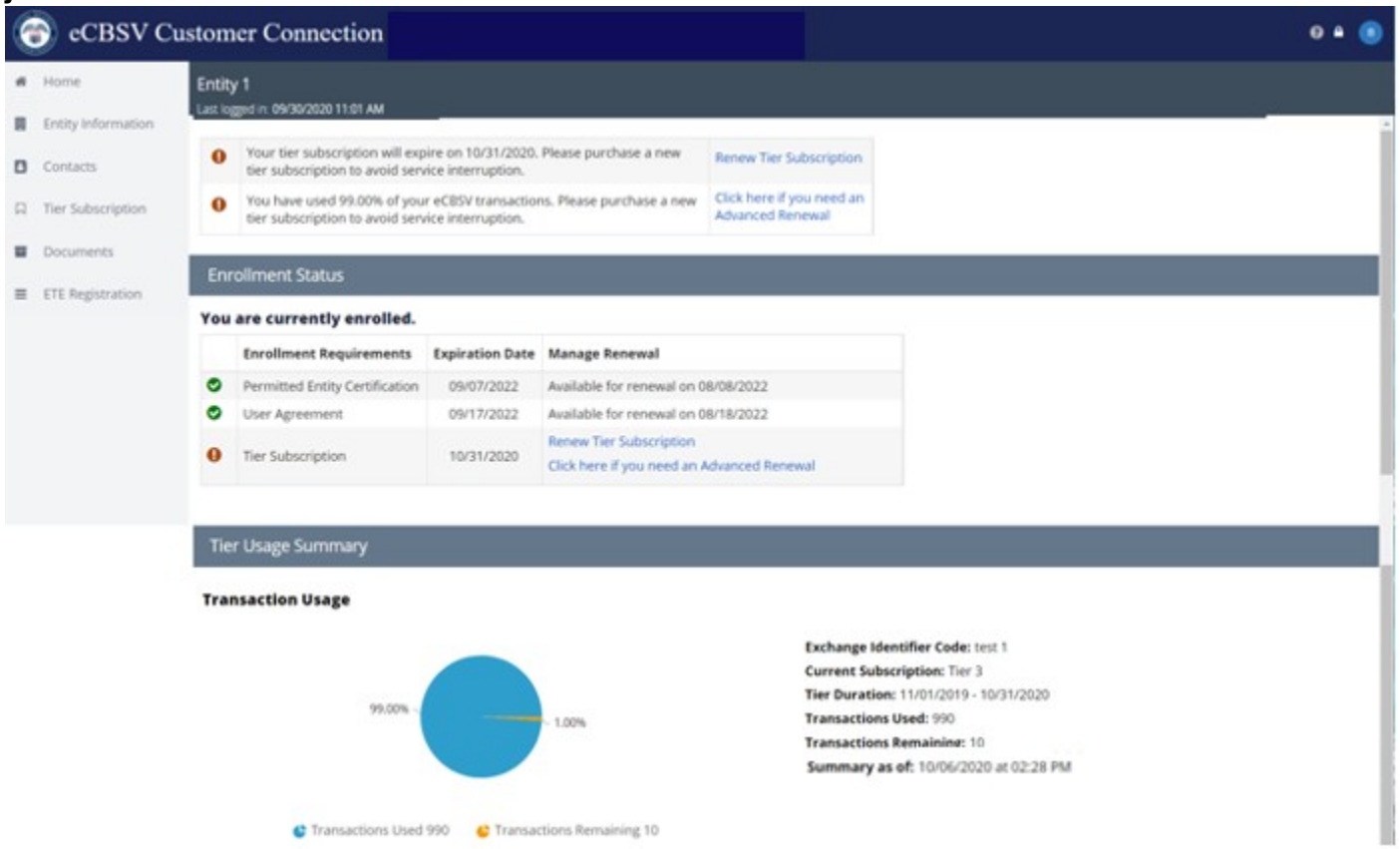
You are enrolled in eCBSV, your payment is accepted and you are ready to start submitting data. Your Exchange ID has been created.

Exchange ID: 1601580390

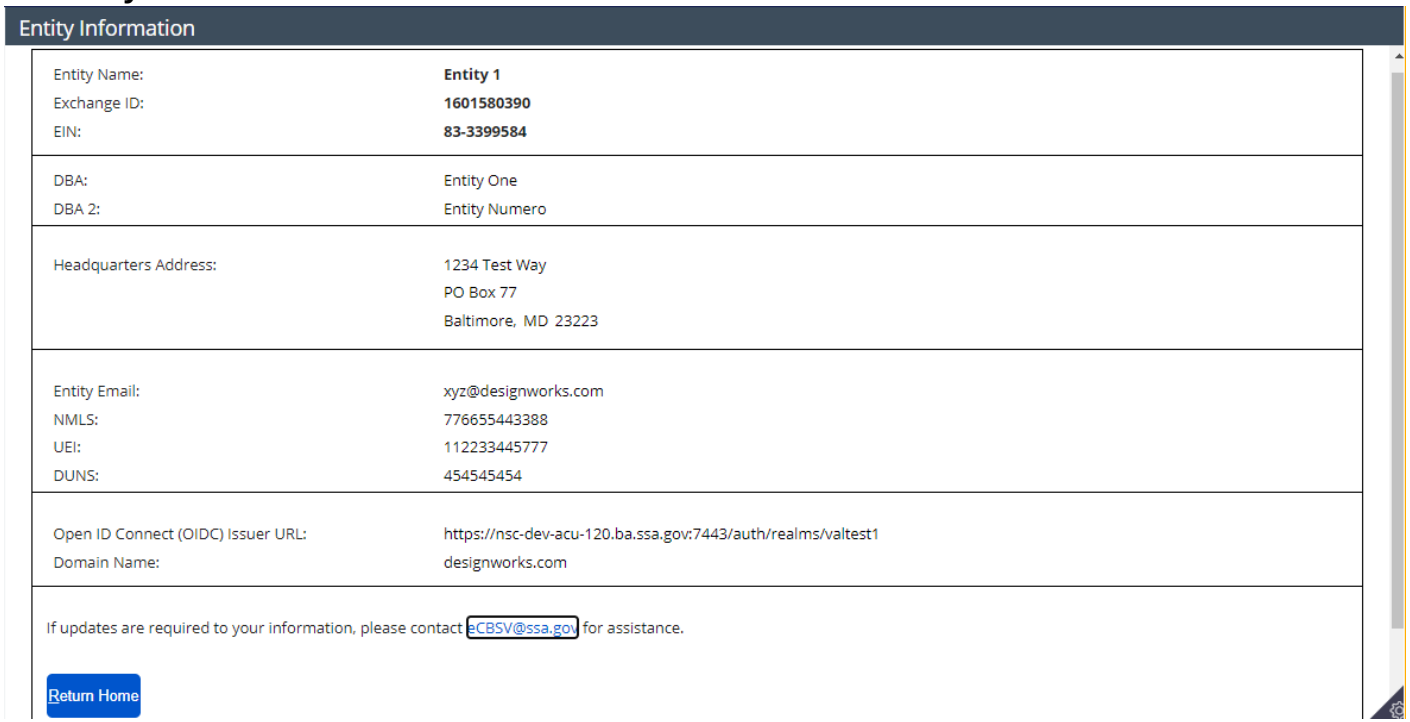
Please retain this code for your records. This code is required for each transaction sent.

This is an automated message. Please do not reply.

j. Enrolled User Home Screen

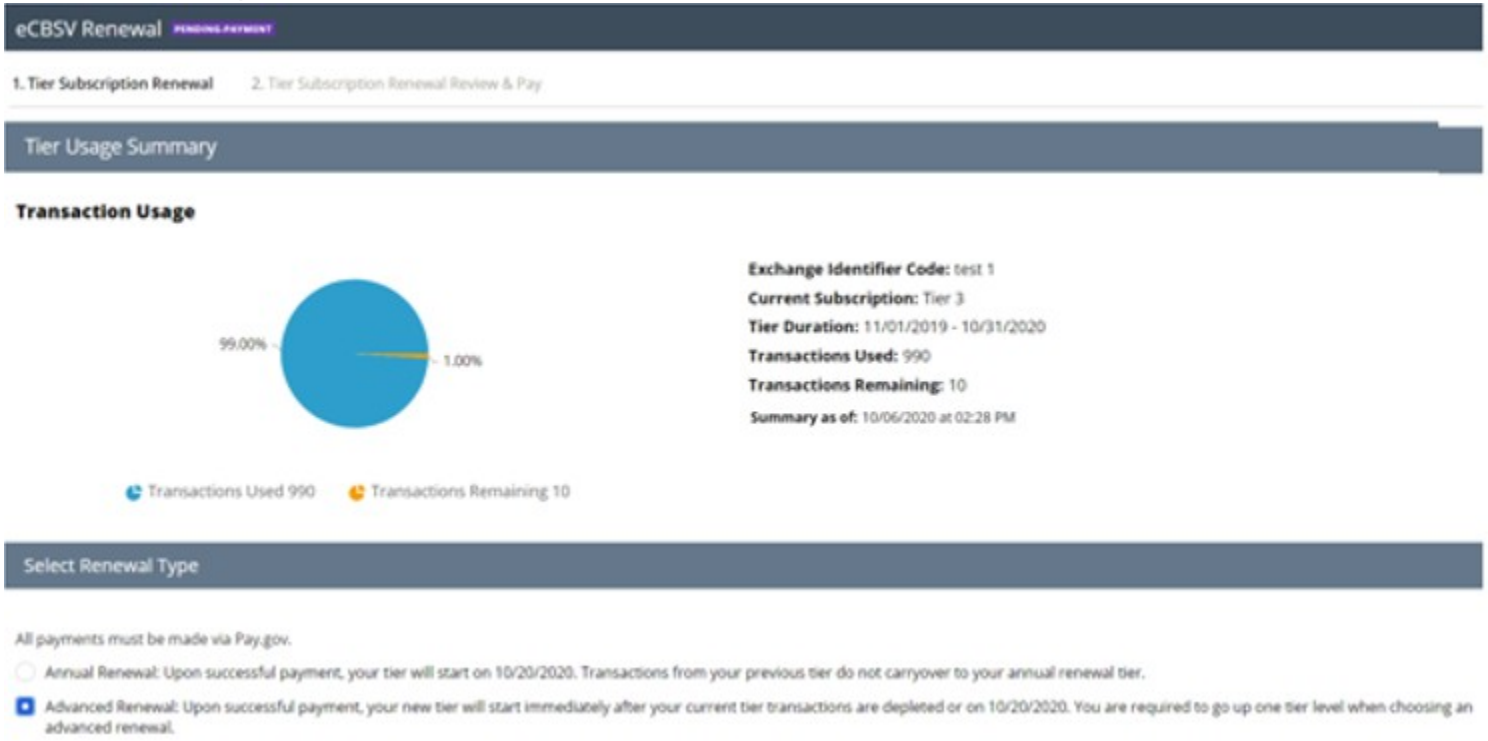


k. Entity Information



I. Tier Subscription Renewal

i. Tier Subscription Selection



Select Tier

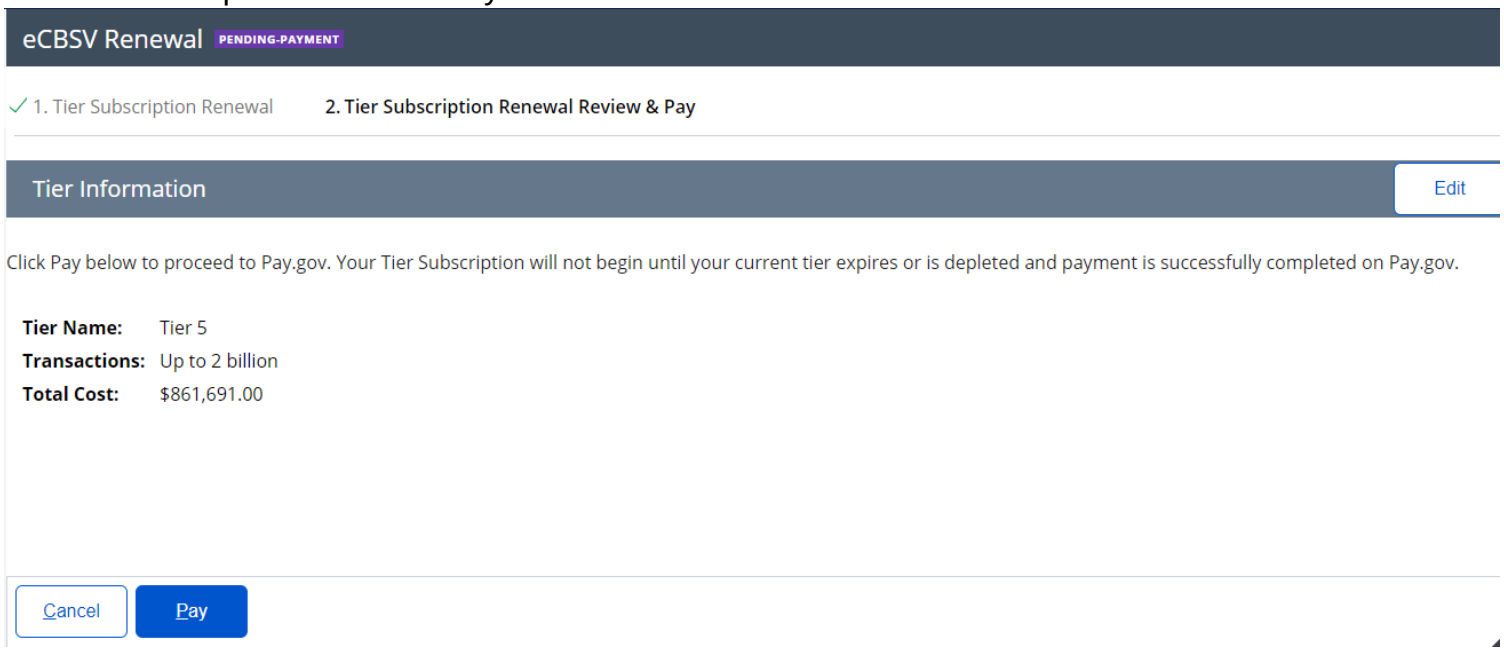
You must subscribe to a higher tier than your current tier subscription. You have used (or plan to use) all of your purchased transactions prior to your tier subscription expiration.

Please review the table below and select your tier. Your tier selection is valid for one year. All payments must be made via Pay.gov.

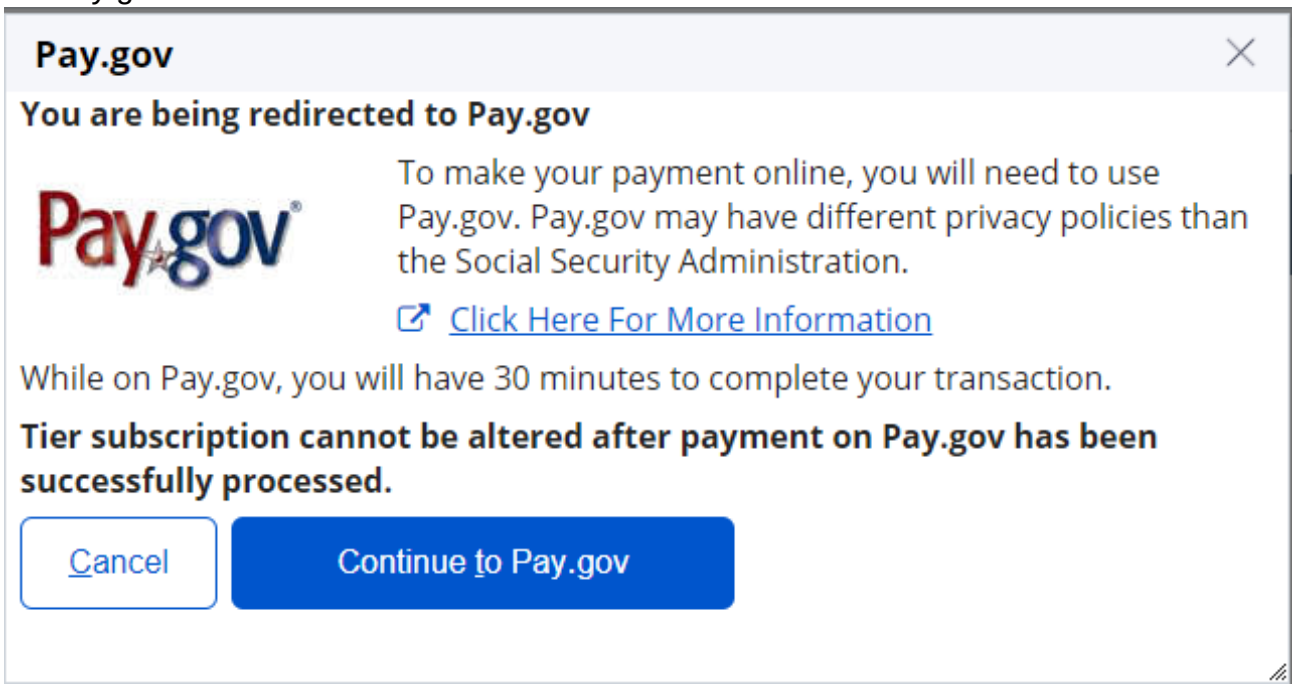
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Transactions	Up to 1,000	Up to 10,000	Up to 200,000	Up to 50 million	Up to 2 billion
Tier Cost	$400	$3,030	$14,300	$276,500	$860,000
Administrative Fee	$1,691	$1,691	$1,691	$1,691	$1,691
Total Cost	$2,091	$4,721	$15,991	$278,191	$861,691
			Current	Select	Selected

Cancel Continue

ii. Tier Subscription Review & Pay



iii. Pay.gov Redirect



m. Documents

Documents

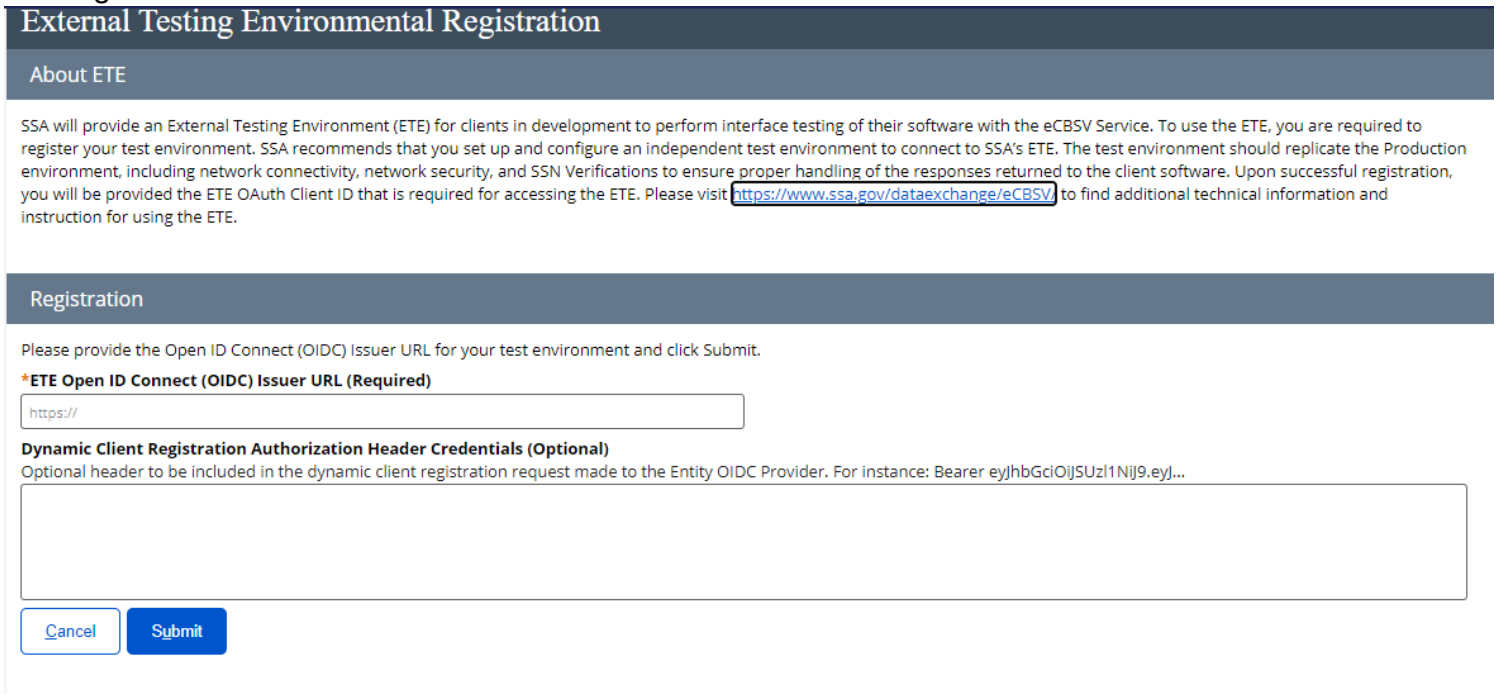
Creation Date	Type	Status	Documents
10/8/20 1:43 PM	eCBSV Renewal	Resolved-Completed	eCBSV renewal complete Payment Receipt
10/8/20 8:02 AM	eCBSV Enrollment	Resolved-Completed	Upcoming eCBSV Tier Subscription expiration eCBSV enrollment complete Payment Receipt Signed UA Signed PEC
10/8/20 7:56 AM	Entity Registration	Resolved-Completed	Entity Registration for eCBSV

General Notification

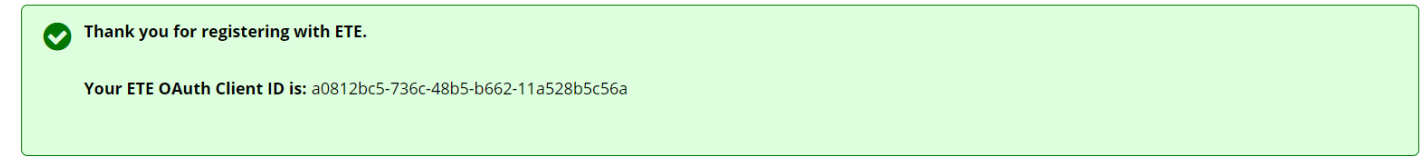
Sent Date	Sent To	Subject	Message
No items			

n. ETE Registration

i. Registration



ii. ETE Registration Success



About ETE

SSA will provide an External Testing Environment (ETE) for clients in development to perform Interface testing of their software with the eCBSV Service. To use the ETE, you are required to register your test environment. SSA recommends that you set up and configure an independent test environment to connect to SSA's ETE. The test environment should replicate the Production environment, including network connectivity, network security, and SSN Verifications to ensure proper handling of the responses returned to the client software. Upon successful registration, you will be provided the ETE OAuth Client ID that is required for accessing the ETE. Please visit http://www.ssa.gov/dataexchange/eCBSV/ to find additional technical information and instruction for using the ETE.

Registration

Please contact eCBSV@ssa.gov if there you need to update any of this information.

ETE Open ID Connect (OIDC) Issuer URL: https://external.customer.test.URL.com
ETE OAuth Client ID: a0812bc5-736c-48b5-b662-11a528b5c56a