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July 11, 2025

MEMORANDUM FOR DEFENSE PRIVACY, CIVIL LIBERTIES AND TRANSPARENCY DIVISION

SUBJECT: Justification for the Use of the Social Security Number (SSN) in DD Form 2527, Statement of Personal Injury - Possible Third-Party Liability, Office of Management and Budget #0720-0003

This memorandum satisfies the requirements of the Department of Defense Instruction (DoDI) 1000.30, "Reduction of Social Security Number (SSN) Use Within DoD," August 1, 2012, as amended, which requires justification of the collection and use of SSNs in DoD DD Form 2527, Statement of Personal Injury - Possible Third-Party Liability (Attachment A).

DD Form 2527 collects data, including the SSN of the sponsor, for beneficiaries who suffer personal injuries that may result in third party liability (TPL) in favor of the U.S. Government. The form is then sent to the appropriate TRICARE managed care support contractor (MCSC) and the information used to determine which third parties may be liable for the medical care resulting from that injury, and to recover the cost of treatment from those found liable. As private entities, the primary identifier used for verification in MCSC systems is the sponsor's SSN.

The sponsor's SSN is also collected in order to identify the primary insured for an injured TRICARE beneficiary for collection from other non-DoD entities. Health plans, liability insurers, and other sources of TPL for healthcare provided by the Military Health System (MHS) to an individual do not recognize or use, as an identifier, DoD Identification (ID) Numbers or other internal DoD specific personal identifiers. Rather, actual and potential sources of third party reimbursement to the MHS, including government agencies such as the Department of Health and Human Services, the Department of Veterans Affairs, and the Social Security Administration, will require DoD to provide the SSN of a sponsor as part of the agency determining the extent, if any, to which it may be liable for MHS healthcare provided to the sponsor or an individual insured through him or her. The same need for an SSN will arise in identifying an individual to a private insurance company or health plan against which TPL may be claimed. Without collection of the sponsor's SSN on DD Form 2527, DoD's ability to identify potential TPL claims, and to collect those claims from third parties, would be severely limited.

The System of Records Notice applicable to DD Form 2527 is EDTMA 04 Medical/Dental Claim History Files (October 27, 2015, 80 FR 65720) (Attachment B). DD 2527 is subject to the Paperwork Reduction Act, and is registered under the OMB Control Number 0720-0003 (Attachment C).

Based on the forgoing, and in accordance with DoDI 1000.30, continued collection and use of SSNs through DD Form 2527 is justified under Acceptable Use case 2.c(13), Other Cases.

Acceptable Use Case 2.c(13) allows for the continued collection of SSNs where it is required by law, but not specified in use cases 2.c(1) through 2.c.(12). Under 10 U.S.C. 1095, (Attachment D) as well as the Federal Medical Claims Recovery Act (42 U.S.C. 2651, et seq.), (Attachment E), DoD is authorized to recover the cost of medical care provided to individuals when a third party may be liable. When interacting with third parties from other agencies and private entities, the DoD ID Number or other DoD identifier will not suffice as it will be unknown to the third party. Because all parties in a TPL claim will have access to the sponsor's SSN, it must still be collected through DD Form 2527 in order to allow DoD to recover funds as authorized by statute.

To the extent that DD Form 2527 provides information for the administration of the Federal Worker Compensation System, or is otherwise required to interact with other government agencies using the SSN as a primary identifier, Acceptable Use Cases 2.c(6); Administration of Federal Workers' Compensation, and 2.c(8); Computer Matching will also apply.

The DHA Component/Office point of contact for this program is Kristin Castiglia, Chief, Claims Branch, who can be reached at (609) 234-1451 or at kristin.m.castiglia.civ@health.mil.

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Attachments:

Approve