



## SOCIAL SECURITY

Job Number: RA-CBSV-09-F

Dear \_\_\_\_\_,

Thank you for your ongoing interest in Social Security Administration's (SSA) Consent Based Social Security Number Verification (CBSV) Service.

We had previously notified you that we planned to amend the CBSV User Agreement. The Office of Management and Budget has now approved our requested changes.

Enclosed please find Amendment Number 1 to the CBSV User Agreement. This document amends the User Agreement we previously sent you. Please sign and date this document and return it to us no later than September 20, 2008.

If you have not done so yet, you must also return a signed copy of the original User Agreement we sent to you.

When you sign and return Amendment 1, you (the Requesting Party) will no longer need to supply the Social Security Numbers of your employees when you submit form SSA-88 (Pre-Approval Form for CBSV) requesting authorization for them to use CBSV.

Also, in instances where the Requesting Party is using a web service platform client application to access CBSV, they will only need to provide the name and information of the Responsible Company Official on the newly modified Form SSA-88; the names of other company employees will not be required. With the web service application option, the Responsible Company Official will be the Authorized User and is responsible for keeping an audit trail of all access requests made through the web service client application.

The Amendment also clarifies the indemnification language in the Agreement by making clear whose actions give rise to indemnification.

One final note, we have changed the URL on the bottom of Form SSA 89. Otherwise the form remains the same.

Signed and dated agreement documents must be sent to the CBSV Agreement Coordinator by overnight express mail:

Social Security Administration  
Attn: Colleen Cates, CBSV Agreement Coordinator  
OCO, OMOS, CPS, PCESB  
3-D-10 MW North Building  
300 North Greene Street  
Baltimore, MD 21290-0300

If you have questions or concerns I can be contacted at [Vivian.R.Nawrocki@ssa.gov](mailto:Vivian.R.Nawrocki@ssa.gov) or 410-966-7005. The staff contact is Colleen Cates, her email address is [Colleen.Cates@ssa.gov](mailto:Colleen.Cates@ssa.gov) and her telephone number is 410-594-2135.

Vivian R. Nawrocki  
Assistant Associate Commissioner  
For Central Operations

**AMENDMENT NUMBER 1 TO  
USER AGREEMENT  
BETWEEN  
THE SOCIAL SECURITY ADMINISTRATION (SSA)  
AND  
(REQUESTING PARTY)  
FOR CONSENT BASED SOCIAL SECURITY NUMBER VERIFICATION (CBSV)  
  
SSA REIMBURSABLE AGREEMENT NUMBER RA-CBSV-09-F**

1. SSA and Requesting Party are parties to User Agreement for CBSV, SSA Reimbursable Agreement Number RA-CBSV-09-F . Under this User Agreement, SSA provides Requesting Party verification of Social Security Numbers (SSNs) with written consents from the SSN holders. A copy of the User Agreement is attached hereto.

2. In accordance with the provisions in Section XII (Amendments to Agreement) of the User Agreement, the parties hereby amend the User Agreement as follows:

a. Strike the second paragraph in Section VII, “Responsibilities,” in its entirety and replace it with the following language:

“The Requesting Party agrees to complete Form SSA-88 (Pre-Approval Form for CBSV – **Attachment C**).

“If the Requesting Party elects to have its employees to access CBSV by using either (1) SSA Business Services Online (BSO) in batch mode format, or (2) SSA BSO single request for real-time response option, the Requesting Party’s Responsible Company Official shall provide on Form SSA-88 the name, phone number, and email address of each employee authorized to use CBSV (Authorized User). The Requesting Party agrees to notify SSA if there is any change to employment status (including, but not limited to, long-term absence, termination of employment, or change of duties related to CBSV) for any Authorized User. The Requesting Party’s Responsible Company Official will also notify SSA if they wish to revoke any employee’s authorization to use CBSV. The registration process will be completed by issuance of a unique access code by SSA to the Responsible Company Official. The Responsible Company Official is required to provide this code to each Authorized User as authentication of that Authorized User’s relationship to the Requesting Party and authorization to submit such requests to CBSV.

“If the Requesting Party elects to use the Requesting Party’s web service platform client application to access CBSV, the Requesting Party’s Responsible Company Official shall provide his or her name, phone number and email address on Form SSA-88. With this option, the Responsible Company Official will be the

representative Authorized User for the Requesting Party, will be responsible for all access requests made through the Requesting Party's web service platform client application, and will be responsible for complying with the requirement under this User Agreement to maintain an audit trail to track all CBSV activities of each company employee."

- b. Add at the end of Section VIII, "Technical Specifications and Systems Security & Related Business Process Requirements," before Section IX, the following language:

"If the Requesting Party accesses CBSV through the web service platform client application, the Requesting Party must maintain an automated audit trail record identifying either the individual user, or the system process, that initiated a request for information from SSA. Every request for information from SSA must be traceable to the individual or system process that initiated the transaction. At a minimum, individual audit trail records must contain the data needed to associate each query transaction to its initiator and relevant business purpose (i.e. the outside entity's client record for which SSA data was requested), and each transaction must be time and date stamped. Each query transaction must be stored in the audit file as a separate record, not overlaid by subsequent query transactions.

"In all instances of access to CBSV, if SSA-supplied information is retained in the Requesting Party's system, or if certain data elements within the Requesting Party's system will indicate to users that the information has been verified by SSA, the Requesting Party's system also must capture an audit trail record of any user who views SSA information stored within the Requesting Party's system. The audit trail requirements for these inquiry transactions are the same as those outlined above for the Requesting Party's access to CBSV through the web service platform client application."

- c. Strike Section XIII, Indemnification, in its entirety, and replace it with the following:

**"XIII. Indemnification**

"Notwithstanding any other provision of this User Agreement, the Requesting Party agrees to indemnify and hold SSA harmless from all claims, actions, causes of action, suits, debts, dues, controversies, restitutions, damages, losses, costs, fees, judgments, and any other liabilities caused by, arising out of, associated with, or resulting directly or indirectly from, any acts or omissions of the Requesting Party, including but not limited to the disclosure or use of such information by the Requesting Party or its Principal, or any errors in information provided to the Requesting Party under this User Agreement. SSA shall not be responsible for any financial loss or other loss incurred by the Requesting Party, whether directly or indirectly, through the use of any data furnished pursuant to this User Agreement. SSA shall not be responsible for reimbursing the Requesting Party any costs incurred by the Requesting Party pursuant to this User Agreement."

d. Strike from Attachment C – Form SSA-88 the following item number 5 in its entirety:

“5. SSN of Employee(s) Authorized to Use CBSV:”

and renumber the remaining items numbered 6, 7, and 8 on Attachment C – Form SSA-88 as 5, 6, and 7 respectively;

and add as a footnote to the section heading “**EMPLOYEE(S) AUTHORIZED TO USE CBSV,**” the following language:

“\*If your company will access CBSV solely through a web service platform, please provide corresponding information of the Responsible Company Official as the employee authorized to use CBSV.”

e. Add after item number 16 under “Compliance Review Criteria” of Attachment E, “CBSV Compliance Review (Audit) – Criteria,” the following language:

“17. Verify that the Requesting Party’s audit trail and retrieval capabilities by requesting a demonstration of the system’s tracking of the activity of Authorized Users who request information or view SSA-supplied information within Requesting Party’s system.”

4. With the exception of the above modifications, all other provisions of the User Agreement remain in full force and effect for the duration of the User Agreement.

The signatories below warrant and represent that they have the competent authority on behalf of their respective agencies to enter into the obligations set forth in this Amendment.

For the Requesting Party:

For the Social Security Administration:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Printed Name

Carolyn L. Simmons  
\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Associate Commissioner, OCO  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

Social Security Administration  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Attachment A - Form SSA 89**  
**Form SSA-89**

Form Approved  
OMB #0960-0760

**Social Security Administration**  
**Authorization for the Social Security Administration (SSA)**  
**To Release**  
**Social Security Number (SSN) Verification**

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

I am conducting the following business transaction

\_\_\_\_\_  
[Identify a specific purpose. Example—seeking a mortgage from the Company— “identity verification” or “identity proof or confirmation” is not acceptable.]

with the following company (“the Company”):

Company Name

Address

\_\_\_\_\_  
I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company’s Agent, if applicable, for the purpose I identified.

The name and address of the Company’s Agent is:

\_\_\_\_\_

I am the individual to whom the Social Security number was issued or that person’s legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

**This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:**

**This consent is valid for \_\_\_\_\_ days from the date signed. \_\_\_\_\_ (Please initial.)**

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Contact information of individual signing authorization:

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**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 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only comments relating to our time estimate, not the completed form.**

.....TEAR OFF .....

**NOTICE TO NUMBER HOLDER**

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/bsv/cbsvPDF/agreement.pdf>



**See SSA's CBSV User Guide for information regarding the extent and nature of employee's authority to use CBSV.**

**Notify us if your authorized employee leaves your company or if you choose to revoke any or all of your employee's authorization to use SSA's Business Services Online (BSO).**

#### **Privacy Act Notice**

The Social Security Administration (SSA) is allowed to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to register your company and your authorized employee(s) to use our system for verifying Social Security Numbers and to contact you, if necessary. Giving us this information is voluntary. However, without the information we will not be able to provide this service to your company. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the appropriate use of the service.

#### **Paperwork Reduction Act Notice**

This information collection meets the clearance requirements of 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 5 minutes to complete this form. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*