

CBSV OPEN ENROLLMENT PERIOD EXTENDED THROUGH JUNE 30, 2008

CBSV ENROLLMENT INFORMATION AND APPLICATION

SSA is pleased to extend the open enrollment period for the Consent Based Social Security Number (SSN) Verification System (CBSV) through June 30, 2008. We are now beginning to build the CBSV system and expect the service to become available in October 2008. **An Employer Identification Number (EIN) is required to enroll and become a CBSV user.**

General Information

CBSV is a fee based SSN verification service that will permit private businesses, Federal, State and Local governments to verify an individual's SSN once a valid signed consent form is obtained from the SSN holder. The fees involved with CBSV are an initial enrollment fee (\$5,000) and a transaction fee per SSN verification. The \$5,000 enrollment fee will be applied to SSA's total CBSV operating costs to reduce the actual transaction fee charged to all users. It will not be applied directly to transaction fees billable to each user company. The transaction fee per SSN verification will be \$0.56.¹

More detailed information about CBSV may be found at <http://www.socialsecurity.gov/bso/cbsvMarketing.html> including a sample User Agreement and User Guide.

Enrollment Information

If you wish to enroll and participate in CBSV beginning October, 2008 you must:

- Complete the enrollment information below and email it to SSA.CBSV@ssa.gov no later than June 30, 2008.
- Submit the required one-time \$5,000 enrollment fee (via check) no later than June 30, 2008 along **with a hard copy** of the completed information to:

Social Security Administration
ATTN: CBSV
6401 Security Boulevard
P.O. Box 17042
Baltimore, MD 21235

¹ [Periodically, SSA will calculate its costs to provide CBSV services and adjust the fee charged as needed. Subscribers will be notified in writing of any change in the transaction fee.](#)

Note: SSA will not make refunds. Your action of completing and submitting this form, in addition to your submission of the \$5,000, constitutes your acknowledgement and agreement that the \$5,000 enrollment fee is non-refundable.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

1. Company Identifying Information:

Company Name: _____
Address: _____
City, State, Zip: _____
Company Email: _____
Telephone: _____
EIN: _____

2. Company Official:

Responsible Company Official: _____
Contact Person: _____
Telephone: _____
Email: _____

3. CBSV Usage Information:

Estimated Annual Volume of Requests: _____
Date Enrollment Fee Submitted: _____
Reason (s) for Using CBSV: (Please select all that apply.)

Mortgage Service:	_____	Banking Service:	_____
Background Check:	_____	Licensing Requirement:	_____
Credit Check:	_____	Other (Specify):	_____

4. Preferred Method of Use (Please select one)

Real Time Internet Submittal (limited to 10 numbers at one time) _____
Real Time Web Service _____
Batch Mode _____

Questions about CBSV may be emailed to SSA.CBSV@SSA.gov.