Electronic Consent Based Social Security Number Verification (eCBSV)
SCREEN PACKAGE

DRAFT
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   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

```
Social Security

Entity OpenID Connect (OIDC) Validation

OIDC Provider Issuer URL: https://nsc-dev-acu-120.ba.ssa.gov:7443/auth/realm/failureurl

Message:
{
  "timeStamp": "2020-11-13T16:06:47.85",
  "statusCode": 400,
  "error": "Bad Request",
  "message": "The OIDC configuration cannot be retrieved.",
  "path": "/register"
}
```

Back
b. Entity Registration for Direct Customers

i. Provide Information

Entity Registration

1. Provide Information  2. Review and Submit

Entity Information

Please provide the information below. All information is required unless noted as optional. Upon submission, SSA will attempt to register your entity.

* Please ensure that you have completed the entity registration technical requirements prior to registration.

Entity Name
Entity 1

Entity operates with a Doing Business As (DBA) Name (Optional)

DBA

Entity One

DBA 2

Entity Numero

Delete
Add Another

Headquarters Address

Line 1  Line 2 (Optional)

1234 Test Way  PO Box 77

City/Town  State  Zip Code
Baltimore  Maryland  23223
Domain Name
The Domain Name will be matched against a user's email address domain for OIDC Authorization redirects. For instance: entityname.com
entityname.com

Open ID Connect (OIDC) Issuer URL
The Issuer URL must match or be a subdomain of the Domain Name.
https://example-oidc.example.com

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 eyJhbGciOiJIUzI1NiIsInR5cCI6IkpXVCJ9.

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

Employer Identification Number (EIN)
93-3389554

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

Nationwide Multi-State Licensing System
77605440380

Do you have an Unique Entity Identifier (UEI)?
 selechte option

Unique Entity Identifier
112234567877

Do you have a DUNS?
 selechte option

DUNS
1234567890123

Cancel  Save  Continue
ii. Review and Submit

<table>
<thead>
<tr>
<th>Entity Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Entity Name:</strong></td>
</tr>
<tr>
<td><strong>DBA:</strong></td>
</tr>
<tr>
<td><strong>DBA 2:</strong></td>
</tr>
<tr>
<td><strong>Headquarters Address:</strong></td>
</tr>
<tr>
<td><strong>Domain Name:</strong></td>
</tr>
<tr>
<td><strong>OpenID Connect (OIC) Issuer URL:</strong></td>
</tr>
<tr>
<td><strong>Entity Email:</strong></td>
</tr>
<tr>
<td><strong>EIN:</strong></td>
</tr>
<tr>
<td><strong>MAIL:</strong></td>
</tr>
<tr>
<td><strong>UDI:</strong></td>
</tr>
<tr>
<td><strong>DUNS:</strong></td>
</tr>
</tbody>
</table>

**EIN Consent**

Under 26 U.S.C. § 6103(c), I give my permission and consent for the Social Security Administration (SSA) to access the Employer Identification Number (EIN) maintained in SSA records for purposes of verifying the EIN provided to register for SSA's Consent Based Social Security Number Verification (CBSSV) services, including eCBSV, and for regular verifications of the EIN, which may occur throughout a two (2) year period from the date of my signature.

I certify that I am a current officer of a corporation, association, or other entity with the authority under state law to execute this consent with respect to the disclosure of the EIN identified above or that I am a current shareholder of an S corporation, or a current member or partner of a partnership to whom the EIN relates. I recognize that this consent is valid for two (2) years from the date of signature unless revised.

*Name*

- Michael Smith

*Job Title*

- Vice President

Signed Date: 06/29/2020
iii. Entity Registration Success

![Entity Registration Success Message]

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

ComericaBank,

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 financial institution 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

Financial Institution Registration

Before you can use eCBSV, with a Service Provider, you must read and click Sign Certification to complete the Permitted Entity Certification (PEC) Statement below.

To learn more about the Permitted Entity Certification, Click here.

Step 1 - Provide Information

Please enter your Name, Title, and Phone Number:

First Name: Melissa
Last Name: Adams
Title: Senior VP
Phone Number: (667) 554-6632
Step 2 – Review Permitted Entity Certification

CERTIFICATION STATEMENT FOR PERMITTED ENTITIES USING THE SSN VERIFICATION PROCESS (Signature required hereto)

Name and Address of Permitted Entity

Bank A
123 Money Lane
Baltimore, MD 21276

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

1. 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 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

CERTIFICATION STATEMENT FOR
PERMITTED ENTITIES USING THE SSN VERIFICATION PROCESS
(Signature required biennially)

Name and address of Permitted Entity:

[Address]

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

1. [Entity Name] 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.
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:** (607) 555-4822  
**Signature:** *Click here to sign*  
**Date:** 09/10/2020
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) 154-8622
Signature: Melissa Adams
Date: 5/20/2020
iv. Financial Institution Success

Financial Institution Registration

Thank you Bank A! You have successfully registered with eCBSV as a Financial Institution. Click Print/Download Signed PDF and print/save a copy of the completed permitted entity certification for your records. You will not be able to return to this screen after you exit.
2. eCBSV Customer Connection Screens

a. Login Screen

Sign In to eCBSV Customer Connection

Please provide your Corporate Email ID

Email ID

Sign In

Privacy Policy  Accessibility Help
b. Redirected to Entity Login Screen
c. Unenrolled Home Screen

Welcome to the eCBSV Customer Connection

The eCBSV Customer Connection will guide you through the eCBSV Enrollment Process. To enroll in eCBSV you are required to provide your Permitted Entity Certification, review and sign the eCBSV User Agreement, and purchase your eCBSV Tier Subscription.

Upon completion of the enrollment workflow, you will be ready to start sending and receiving verifications through the eCBSV Verification Service. Once enrolled, the eCBSV Customer Connection will be used to maintain and manage your account.

More help is available on the eCBSV website: https://www.ssa.gov/dataexchange/eCBSV

Enroll in eCBSV

Please click an action link below:

- Step 1: Provide Contact Information
- Step 2: Sign Permitted Entity Certification
- Step 3: Sign User Agreement
- Step 4: Purchase Tier Subscription
d. Contacts

i. First-Time User

Please click the Add Contact button to add a new contact. To edit a contact or role(s), click the Edit button. A person may not act as both the primary and alternate contact. If you are attempting to add a role for a contact and the role does not appear as an option, you must first remove the role from the existing contact and then assign the role to the new contact. In order to Continue, all roles must be selected with the exception of Alternate Contact.

<table>
<thead>
<tr>
<th>Contact</th>
<th>Email Address</th>
<th>Phone Number</th>
<th>Roles Assigned</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Contact Added</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Add Contact]
ii. Add Contact and Assign Role(s)
### Contact Main Screen

#### Table: Contact Information

<table>
<thead>
<tr>
<th>Contact</th>
<th>Email Address</th>
<th>Phone Number</th>
<th>Role Assigned</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Smith</td>
<td><a href="mailto:president@example.com">president@example.com</a></td>
<td>(555) 777-8888</td>
<td>Primary Contact, Officer of Association, Officer of Company</td>
<td></td>
</tr>
<tr>
<td>Jim Jones</td>
<td><a href="mailto:vicepresident@example.com">vicepresident@example.com</a></td>
<td>(555) 666-7777</td>
<td>Alternate Contact, Officer of Company</td>
<td></td>
</tr>
<tr>
<td>Bob Brown</td>
<td><a href="mailto:treasurer@example.com">treasurer@example.com</a></td>
<td>(555) 888-9999</td>
<td>Permitted Debtor Certification Authorizing Officer</td>
<td></td>
</tr>
</tbody>
</table>

Note: Contact information is for demonstration purposes only.
e. Permitted Entity Certification

i. Main Screen
Name and Address of Permitted Entity:
Entity 1
1234 Test Way
PO Box 77
Baltimore, MD 20223

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

1. 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 SIN 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: (677) 999-8888

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.
ii. Sign Certification

CERTIFICATION STATEMENT FOR
PERMITTED ENTITIES USING THE SSN VERIFICATION PROCESS
(Signature required biennially)

Name and address of Permitted Entity:
Entity 1
224 Test Hwy.
PO Box 77
Salt Lake, MO 2023

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

I, [Full Name] 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: [Blank]
Company Official Title: [Blank]
Company Official Phone Number: [Blank]
Signature: [Blank] Date: [Blank]

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

Please sign: Permittee Entity

Type

Bob Brown

Clear

Close  Apply

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.
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: Jane Smith
Company Official Title: Treasurer
Company Official Phone Number: 317-445-5555
Signature: Jane Smith
Date: 02/28/2020

I agree to the Terms and Consumer Disclosure of the document

Click to Sign

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

Enter Your information

Please enter your email and then click to sign this document.

brownej@entity1.com

Cancel  Click to sign

Company Official Name: Bob Brown
Company Official Title: Treasurer
Company Official Phone Number: 555-555-5555
Signature: Bob Brown
Date: 08/20/2023

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

Click to Sign

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

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  View Signed PDF

Cancel  Continue
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 non-government website that may have different privacy policies from those of the Social Security Administration's official website.

[Sign Agreement]
ii. User Reads & Initials User Agreement Section(s)

User Agreement

User Agreement Between the Social Security Administration (SSA) And Entity 1, For the electronic Consent Based Social Security Number (SSN) Verification (eCBSV) Service

II. SSN Verification Does Not Provide Proof or Confirmation of Identity

SSA’s SSN Verification does not provide proof or confirmation of identity. eCBSV is designed to provide a permitted entity with only a “yes” or “no” verification of whether the SSN verified with SSA’s records. If SSA’s records show that the SSN holder is deceased, eCBSV returns a death indicator. SSN Verifications do not verify an individual’s identity. eCBSV does not verify employment eligibility, nor does it interface with the Department of Homeland Security’s (DHS) verification system, and it will not satisfy DHS’s i-9 requirements.

Initial Below

III. Responsibilities

A. Permitted Entity Responsibilities

Failure to follow the requirements listed below may result in suspension or termination of the eCBSV service.

1. If the Permitted Entity is operating as a service provider, subsidiary, affiliate, agent, subcontractor, or assignee of a Financial Institution, the Permitted Entity will ensure that each Financial Institution it services abides by all terms, conditions, and requirements of this user agreement through a contractual relationship or other express written agreement.

2. The Permitted Entity acknowledges that a requirement to register for using the eCBSV system and signing this user agreement is to provide to SSA a consent for SSA to access its Employer Identification Number (EIN). The Permitted Entity agrees to notify SSA if its EIN has changed since signing this user agreement.

3. Pursuant to the certification requirement in the Banking Bill, the Permitted Entity must submit a Permitted Entity Certification at the outset of this user agreement and at least every two (2) years thereafter by using the template attached to the user agreement as Exhibit A. Permitted Entities cannot deviate from the language provided in Exhibit A. The Permitted Entity must complete its own Permitted Entity Certification. If the Permitted Entity services a Financial Institution pursuant to a separate
<table>
<thead>
<tr>
<th>User Agreement Section</th>
<th>Status of Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Purpose and Definitions</td>
<td>Completed</td>
</tr>
<tr>
<td>II SSN Verification Does Not Provide Proof or Confirmation of Identity</td>
<td>Completed</td>
</tr>
<tr>
<td>III Responsibilities</td>
<td>Completed</td>
</tr>
<tr>
<td>IV Consent</td>
<td>Completed</td>
</tr>
<tr>
<td>V Technical Specifications and Systems Security and Related Business Process Requirements</td>
<td>Completed</td>
</tr>
<tr>
<td>VI Costs of Service</td>
<td>Completed</td>
</tr>
<tr>
<td>VII Duration of User Agreement, Suspension of Services, and Waiver of Right to Judicial Review</td>
<td>Completed</td>
</tr>
<tr>
<td>VIII Audit Requirements</td>
<td>Completed</td>
</tr>
<tr>
<td>IX Noncompliance Categories, Penalties, Reinstatement</td>
<td>Completed</td>
</tr>
<tr>
<td>X Unilateral Amendments</td>
<td>Completed</td>
</tr>
<tr>
<td>XI Indemnification</td>
<td>Completed</td>
</tr>
<tr>
<td>XII Disclaimers</td>
<td>Completed</td>
</tr>
<tr>
<td>XIII Integration</td>
<td>Completed</td>
</tr>
<tr>
<td>XIV Resolution Mechanism</td>
<td>Completed</td>
</tr>
<tr>
<td>XV Contacts</td>
<td>Completed</td>
</tr>
<tr>
<td>XVI Authorizing Signature and Date</td>
<td>Completed</td>
</tr>
</tbody>
</table>

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

[Image of a user agreement document to sign]
Review and Sign

Please sign: User Agreement

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

Click here to sign

Company Official Signature

Jennifer Smith

23

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.
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

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

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

Click to Sign

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

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  View Signed PDF

Cancel  Continue
g. Tier Subscription

i. Select Tier Selection

<table>
<thead>
<tr>
<th>Tier</th>
<th>Transactions</th>
<th>Tier Cost</th>
<th>Administrative Fee</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Up to 1,000</td>
<td>$400</td>
<td>$3,693</td>
<td>$4,093</td>
</tr>
<tr>
<td>2</td>
<td>Up to 10,000</td>
<td>$3,030</td>
<td>$3,693</td>
<td>$6,723</td>
</tr>
<tr>
<td>3</td>
<td>Up to 200,000</td>
<td>$14,300</td>
<td>$3,693</td>
<td>$17,993</td>
</tr>
<tr>
<td>4</td>
<td>Up to 50 million</td>
<td>$276,500</td>
<td>$3,693</td>
<td>$280,193</td>
</tr>
<tr>
<td>5</td>
<td>Up to 2 billion</td>
<td>$860,000</td>
<td>$3,693</td>
<td>$863,693</td>
</tr>
</tbody>
</table>

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.
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.

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
<th>Tier 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 1,000</td>
<td>Up to 10,000</td>
<td>Up to 200,000</td>
<td>Up to 50 million</td>
<td>Up to 2 billion</td>
</tr>
<tr>
<td>Tier Cost</td>
<td>$400</td>
<td>$3,050</td>
<td>$14,300</td>
<td>$276,500</td>
</tr>
<tr>
<td>Administrative Fee</td>
<td>$3,693</td>
<td>$3,693</td>
<td>$3,693</td>
<td>$3,693</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$4,093</td>
<td>$6,723</td>
<td>$17,993</td>
<td>$280,193</td>
</tr>
</tbody>
</table>
ii. Tier Subscription Review & Pay

Tier Information

Click Pay below to proceed to Pay.gov. Your Tier Subscription will begin as soon as payment is successfully completed on Pay.gov.

- **Tier Name:** Tier 2
- **Transactions:** Up to 10,000
- **Total Cost:** $6,723

[Pay] [Cancel]
iii. Pay.Gov Redirect

Pay.gov
You are being redirected to Pay.gov

To make your payment online, you will need to use Pay.gov. Pay.gov may have different privacy policies than the Social Security Administration.

Click Here For More Information

While on Pay.gov, you will have 30 minutes to complete your transaction.

Tier subscription cannot be altered after payment on Pay.gov has been successfully processed.

Cancel  Continue to Pay.gov
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

Thank you Entity 1! Your payment has been accepted.

Your Exchange ID is: 1601580390

This ID has been emailed to your primary contact and is required on each verification transaction. Please see eCBSV Technical Guide for more information.

You have completed the enrollment process.

Return Home
ii. Print/Download Page Contents

Thank you! Your payment has been accepted. Your Exchange ID is: 1601580390

This ID has been emailed to your primary contact and is required on each verification transaction. Please see eZest Technical Notes, for more information.

Print/Download Page Contents

You have completed the enrollment process.
### Payment Receipt

i. Receipt

<table>
<thead>
<tr>
<th>Pay.gov Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Amount:</td>
</tr>
<tr>
<td>Invoice:</td>
</tr>
<tr>
<td>Pay.gov Confirmation:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier Subscription Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date:</td>
</tr>
<tr>
<td>End Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier:</td>
</tr>
<tr>
<td>Number of Transactions:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entity Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entity Name:</td>
</tr>
<tr>
<td>DBA:</td>
</tr>
<tr>
<td>EIN:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Headquarters Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234 Test Way</td>
</tr>
<tr>
<td>PO Box 77</td>
</tr>
<tr>
<td>Baltimore, MD 23223</td>
</tr>
</tbody>
</table>

Thank you for participating in the Social Security Administration's eCBSV service.
### ii. Print/Download Receipt

<table>
<thead>
<tr>
<th>Print</th>
<th>1 page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Destination</td>
<td><img src="image" alt="Save as PDF" /></td>
</tr>
<tr>
<td>Pages</td>
<td>All</td>
</tr>
<tr>
<td>Pages per sheet</td>
<td>1</td>
</tr>
</tbody>
</table>

---

Page 58 of 68
iii. Sample Enrollment Email

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

<table>
<thead>
<tr>
<th>Entity Name:</th>
<th>Entity 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchange ID:</td>
<td>1001580390</td>
</tr>
<tr>
<td>EIN:</td>
<td>83-3399584</td>
</tr>
<tr>
<td>DBA:</td>
<td>Entity One</td>
</tr>
<tr>
<td>DBA 2:</td>
<td>Entity Numero</td>
</tr>
</tbody>
</table>
| Headquarters Address: | 1234 Test Way  
|             | PO Box 77  
|             | Baltimore, MD 23223 |
| Entity Email: | ypc@designworks.com |
| NMLS:       | 77665543398 |
| URL:        | 11223445577 |
| DUN:        | 454545445 |
| Open ID Connect (OIDD) Issuer URL: | https://msc-dev-acu-120.ba.ssa.gov:7443/authorizedms/valtest1 |
| Domain Name: | designworks.com |

If updates are required to your information, please contact [CSV@issa.gov](mailto:CSV@issa.gov) for assistance.
I. Tier Subscription Renewal

i. Tier Subscription Selection

![Image of tier subscription renewal interface]

- **Tier Usage Summary**
  - Transaction Usage:
    - 99.00%
    - 1.00%
  - Exchange Identifier Code: test 1
  - Current Subscription: Tier 3
  - Tier Duration: 11/01/2019 - 10/31/2020
  - Transactions Used: 990
  - Transactions Remaining: 10
  - Summary as of: 10/06/2020 at 02:28 PM

- **Select Renewal Type**
  - All payments must be made via Pay.gov.
  - Annual Renewal: Upon successful payment, your tier will start on 10/20/2020. Transactions from your previous tier do not carry over to your annual renewal tier.
  - Advanced Renewal: Upon successful payment, your new tier will start immediately after your current tier transactions are depleted or on 10/20/2020. You are required to go up one tier level when choosing an advanced renewal.
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.

<table>
<thead>
<tr>
<th>Transactions</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
<th>Tier 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier Cost</td>
<td>$400</td>
<td>$3,030</td>
<td>$14,300</td>
<td>$276,500</td>
<td>$860,000</td>
</tr>
<tr>
<td>Administrative Fee</td>
<td>$1,691</td>
<td>$1,691</td>
<td>$1,691</td>
<td>$1,691</td>
<td>$1,691</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$2,091</td>
<td>$4,721</td>
<td>$15,991</td>
<td>$278,191</td>
<td>$861,691</td>
</tr>
</tbody>
</table>

[Buttons: Current, Select, Selected]
ii. Tier Subscription Review & Pay

eCBSV Renewal  PENDING PAYMENT

1. Tier Subscription Renewal  2. Tier Subscription Renewal Review & Pay

Tier Information

Click Pay below to proceed to Pay.gov. Your Tier Subscription will not begin until your current tier expires or is depleted and payment is successfully completed on Pay.gov.

Tier Name: Tier S
Transactions: Up to 2 billion
Total Cost: $861,691.00

[Buttons: Cancel, Pay]
iii. Pay.gov Redirect

Pay.gov

You are being redirected to Pay.gov

To make your payment online, you will need to use Pay.gov. Pay.gov may have different privacy policies than the Social Security Administration.

Click Here For More Information

While on Pay.gov, you will have 30 minutes to complete your transaction.

Tier subscription cannot be altered after payment on Pay.gov has been successfully processed.

[Cancel] [Continue to Pay.gov]
### Documents

<table>
<thead>
<tr>
<th>Creation Date</th>
<th>Type</th>
<th>Status</th>
<th>Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/8/20 1:43 PM</td>
<td>eCBSV Renewal</td>
<td>Resolved-Completed</td>
<td>☑ eCBSV renewal complete&lt;br&gt;☑ Payment Receipt</td>
</tr>
<tr>
<td>10/8/20 8:02 AM</td>
<td>eCBSV Enrollment</td>
<td>Resolved-Completed</td>
<td>☑ Upcoming eCBSV Tier Subscription expiration&lt;br&gt;☑ eCBSV enrollment complete&lt;br&gt;☑ Payment Receipt&lt;br&gt;☑ Signed UA&lt;br&gt;☑ Signed PEC</td>
</tr>
<tr>
<td>10/8/20 7:56 AM</td>
<td>Entity Registration</td>
<td>Resolved-Completed</td>
<td>☑ Entity Registration for eCBSV</td>
</tr>
</tbody>
</table>

### General Notification

<table>
<thead>
<tr>
<th>Sent Date</th>
<th>Sent To</th>
<th>Subject</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Items</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
n. ETE Registration

i. Registration

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 SSH 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/dataservice/etenv](http://www.ssa.gov/dataservice/etenv) to find additional technical information and instruction for using the ETE.

**Registration**

Please provide the Open ID Connect (OIDC) Issuer URL for your test environment and click Submit.

**ETE Open ID Connect (OIDC) Issuer URL (Required)**

[Enter URL]

**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...

[Submit]
ii. ETE Registration Success

- Thank you for registering with ETE.
  Your ETE OAuth Client ID is: a0812bc5-736c-48b5-b662-11a528b5c56a

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