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Notice to Electronic Information Exchange Partners to Provide Contractor List

	Government	Non-Government
	Federal	Other (Please specify)
(State)	State	
	Local	
(Name of Organization)	− ☐ Foreign	
(Name of Organization)	Tribal	

The Social Security Administration (SSA) requires any organization with an electronic data exchange agreement, to provide the SSA Regional Office contact a current list of contractors and/or agents who have access to SSA data upon request and the attached Agency Attestation of Contractor Use Form.

For the purpose of this form, the term "organization" refers to state or local agencies, territories, tribes, or other entities that have a data exchange agreement with SSA.

Data exchange agreements include:

- Computer Matching Agreement (CMA)
- Information Exchange Agreements for federally funded benefit programs (IEA-F)
- Information Exchange Agreement for state funded benefit programs (IEA-S)
- Reimbursable Information Exchange Agreement (R-IEA)
- State Transmission/Transfer Component (STC) agreement
- Social Security Online Verification (SSOLV) agreement
- Memorandum of Understanding (MOU)

Please complete the following Agency Attestation of Contract Use Form and Contractor List Form.

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Agency Attestation of Contractor Use Form

Does your organization utilize any contractors with	th access to SSA data?	□Yes	□ No
 If no, complete Section 2, sign the form at the b If yes, complete Sections 1 and 2 and the Contrand return the form to SSA. 	, •		
SECTION 1			
(Name of Organization)	$_{\scriptscriptstyle \perp}$, certifies that the contract	ors/agents in th	ne Contractor
List Form are currently under contract with and a transmit, store, or destroy SSA data.	ct on behalf of the organiza	ion, to process	s, maintain,
All contractors/agents listed in the Contractor List	Form:		
 have been provided with a copy of the SSA/ 			
	(Name of Organization)		,
data exchange agreement prior to the initial of	lisclosure of SSA data; and		
SECTION 2 Within 60 days of a new contractor/agent having	access to SSA data or an o	victing contract	tor/agent no
Within 60 days of a new contractor/agent having	access to SSA data of all e	_	, will notify the
longer having access to SSA data, the(Name of C			, will flothly the
SSA Regional Office contact in writing with an up Contractor List Form.	,	Contractor Us	e Form and
Date:			
Print Name:			
Signature (Appro	ving Official) :		
Title:			

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Contractor List Form

Organization Name:		

Contracting Company Name	Contractor/Employee Name (First, Last)	Position/Duties	Location (City & State)

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Privacy Notice for Collection of Information

Sections 44 U.S.C. § 3554, 42 U.S.C. § 1306, and 20 C.F.R. § 401.145 allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from sharing SSA data via an information exchange agreement (IEA).

We will use the information you provide to conduct a compliance review. We may also share your information for the following purposes, called routine uses:

- To students volunteers, individuals working under a personal services contract, and other workers
 who technically do not have the status of Federal employees, when they are performing work for the
 Social Security Administration (SSA), as authorized by law, and they need access to personally
 identifiable information in SSA records in order to perform their assigned agency functions; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting the SSA in the
 efficient administration of its programs. We will disclose information under this routine use only in
 situations in which SSA may enter a contractual or similar agreement with a third party to assist in
 accomplishing an agency function relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

Additional information, and a full listing of all of SSA systems of records and approved routine uses, is available at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401