

Authorization for the Social Security Administration to Obtain Wage and Employment Information from Payroll Data Providers

1. Individual Whose Wage and Employment Information Will Be Obtained	2. Social Security Number (for Individual)
3. Claimant/Beneficiary (if different from above)	4. Claimant/Beneficiary Social Security Number (if different from above)

Instructions: To provide authorization for the Social Security Administration (SSA) to obtain wage and employment information, complete #5 then proceed to #7 to sign the form. To revoke the authorization you previously provided SSA, complete #6, then proceed to #7 to sign the form.

5.	Authorization for SSA to Obtain Wage and Employment Information
5.a.	<p>I understand:</p> <ul style="list-style-type: none">• SSA will use my authorization to obtain wage and employment information from payroll data providers (PDPs). PDPs are payroll providers, wage verification companies, and other entities that collect and maintain data about employment and wages. SSA may obtain such wage and employment information through automated (authorized by Section 1184 of the Social Security Act) or non-automated information exchanges.• If SSA obtains PDP records about me based on this authorization, it may use the records for purposes other than for the program that the authorization covers. For example, SSA may use my records to decide whether I can get benefits under both the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs even if this authorization is limited to one program. Additional information about how SSA may use and disclose my records is in the Privacy Act Statement below.• SSA will request authorization under the SSDI and SSI programs. SSA will request authorization once under each program, even if I have multiple SSDI or SSI claims. However, SSA may use my authorization to obtain PDP records about me for any claims associated with the ones I file, such as a claim for benefits by my spouse or child. If I revoke my authorization, SSA will not use the authorization to obtain information about me.• By authorizing SSA to obtain my wage and employment information, I will not be subject to the administrative sanctions penalty of non-payment of SSDI benefits and ineligibility for SSI cash benefits related to any wage and employment information SSA receives from a PDP.• Not all employers report wage and employment information to a PDP that SSA uses. If my employer does report, SSA will request my wage and employment information from the PDP. I am still responsible for making sure that my wage and employment information is reported accurately to SSA.• If SSA paid me too much in benefits because a PDP reported my wage and employment information inaccurately, I may have to pay SSA back.• If my employer does not report or stops reporting to a PDP that SSA uses, I will have to report my wage and employment information.• I am authorizing PDPs to disclose to SSA data about me or about the person named above whom I legally represent.• I understand providing this authorization is voluntary and I may revoke my authorization in writing at any time. Refusing or revoking authorization does not prevent, reduce, or terminate my entitlement to SSDI or eligibility for SSI benefits.• For SSDI, my authorization remains in effect until SSA makes a final adverse decision on my application for benefits and no other claims or appeals are pending; my entitlement to benefits ends and no other claims or appeals are pending; or I revoke my authorization in writing and SSA processes this revocation in its systems.• For SSI, my authorization remains effective until SSA makes a final adverse decision on my application for benefits or on the application of another person for whom my authorization may be relevant, and no other claims or appeals are pending; my or the other person's eligibility for payments ends and no other claims or appeals are pending; I revoke my authorization in writing and SSA processes this revocation in its systems; or SSA no longer counts my income and resources as available to the other person.

5.b.	Answer questions (5.c and 5.d) below by checking Yes or No. Then, go to # 7 to sign. Note: if you are filing or receiving benefits under SSDI and SSI, you must answer both questions.		
5.c.	Do you give us authorization to obtain your wage and employment information from payroll data providers (PDPs) for the Social Security Disability Insurance (SSDI) program? Your authorization will help us determine whether you are entitled to benefits, or continue to be entitled to benefits. Giving us your authorization may also help us avoid paying the wrong amount. We will ask for all of your records held by a PDP whenever we determine that we need these records to make decisions about your entitlement to benefits.		SSDI <input type="checkbox"/> Yes <input type="checkbox"/> No
5.d.	Do you give us authorization to obtain your wage and employment information from payroll data providers (PDPs) for the Supplemental Security Income (SSI) program? Your authorization will help us determine whether you or the person who filed an application for benefits, is eligible for SSI, or continues to be eligible for SSI. Giving us your authorization may also help us avoid paying the wrong amount. We will request your records held by a PDP whenever we determine that we need these records to make decisions about your eligibility for SSI.		SSI <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Revocation of Wage and Employment Information Authorization		
6.a	Complete this question only if you previously provided authorization and now wish to revoke that authorization. I understand: <ul style="list-style-type: none"> • If I revoke my authorization, SSA will no longer obtain my wage and employment information from a payroll data provider (PDP). I will again be required to report all of my wage and employment information directly to SSA for all of my employers. Revocation will apply to all claims under SSDI and SSI programs. Although I may revoke my authorization at any time, my revocation is effective when SSA processes it in its systems. Until it is processed, SSA may still receive my wage and employment information from a PDP. Once processed, SSA will stop requesting my wage and employment information from PDPs. SSA may continue to use information already obtained before my revocation became effective in SSA systems. • By revoking my authorization: <ul style="list-style-type: none"> o I must report all changes in wages accurately and timely; o I will no longer receive protection from certain administrative sanctions under section 1129A of the Social Security Act for any errors concerning my wages that affect my SSDI or SSI eligibility and benefits. o SSA may not find good cause if I report late, or fail to report, a change in employer and I may be subject to penalties under 1631(e)(2). <p><input type="checkbox"/> I wish to revoke wage and employment information authorization I previously gave SSA.</p>		
7.	PLEASE SIGN IN BLACK OR BLUE INK ONLY		
Signature		Date signed	
If not signed by the individual whose wage and employment will be obtained (or no longer obtained if revoking), what is the basis for the authority to sign? <input type="checkbox"/> Parent of minor <input type="checkbox"/> Guardian			
Print name of Parent/Guardian			
Mailing address of individual providing or revoking authorization			
City		State	ZIP Code

8. Your authorization or revocation of authorization does not ordinarily have to be witnessed. However, if you have signed using a mark, two witnesses to the signing who know you must sign below and give their full addresses.

If needed, WITNESS 1 and 2: I know the person signing this form or am satisfied of this person's identity:

Witness 1 Signature

Witness 2 Signature

Witness 1 Mailing Address

Witness 2 Mailing Address

City

State

ZIP Code

City

State

ZIP Code

Privacy Act Statement Collection and Use of Information on your Authorization Form

Sections 205(a), 225(c), and 1631(e) of the Social Security Act, as amended, allow us to collect your information or the information you are submitting on behalf of another, which we will use to obtain wage and employment information from payroll data providers and to administer the Social Security Act. Providing the information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision regarding Social Security benefits and payments. As law permits, we may use and share the information you submit, including with employers, contractors, other Federal agencies, and others, as outlined in the routine uses within System of Records Notice (SORN) 60-0089, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

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 (OMB) control number. We estimate that it will take about 6 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.***