## Authorization to Obtain Earnings Data from the Social Security Administration

Mail completed form to:

Social Security Administration Division Business Services

PO Box 33011

Baltimore, MD 21290-3011

Requesting organization:

**RA PENF 8929** 

Southern California IBEW-NECA

Pension Fund 6023 Garfield Ave

City of Commerce, CA 90040

Number Holder's Information										
First Name:					Middle Initial:					
Last Name:										
SSN:										
Date of Birth:				Date	of Dea					
Other First, Middle Initial, and Last Name Used to Report Earnings:	Month	Day	Year			Month	Di	ау	Year	
			through							
Periods Requested:	Month	Year	through	Month		Year				
	 Month	Year	unougn	Month		Year				
I am the individue who is authorize organization, or identified above, the reporting emon any accomp	d to sign on its designee for the perioployers. I d anying stat	behalf of the ind s, an itemized s ods specified on eclare under po ements or form	dividual to who tatement of all this form. Ple enalty of perjuns, and it is tr	m the re amounts ase incluing that ury that ue and o	cord/inf s of ear ude the I have	ormation and ings report identification in a community in a commun	pplies. P ted to m on numb all the in	lease fur y record, ers, name <b>iformatic</b>	nish the requor to the recent or to the recent of the requestion of the recent of the rece	uesting cord resses of
Signature of Number Holder (or authorized representative)							Date			
Printed Name (if other than number holder)							I .		other than nu adoptive pa	
Address					State			☐ Legal Guardian ☐ Other (specify)		
City				ZIP Co	de			Number		
		Red	uesting Org	anizatio	on's In	formation	 1			
Signature of Organization Official										
Phone Numbe	r			Fax	Numbe	r				
FOR SSA USE	ONLY	12	3							
Form <b>SSA-581-0</b>	<b>DP159</b> (03-2	(013)	Pa	age 1						

## IMPORTANT INFORMATION

## **Privacy Act Statement**

## SSA 581 (Authorization to Obtain Earnings Data from the Social Security Administration)

Sections 205(a), 205(c)(2), and 223 of the Social Security Act, as amended, authorize us to collect the information requested on this form. We will use the information you provide to obtain your earnings data or the earnings data of a deceased individual. Your responses are voluntary. However, failure to provide us with the requested information could prevent us from processing your request.

We rarely use the information you give us for any purpose other than providing the earnings information you request. However, we may use the information for the efficient administration of our programs. We may also disclose information to another person or agency in accordance with approved routine uses, including but not limited to the following:

- 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- 2. To comply with Federal laws requiring the release of information from Social Security records (e. g., to the Government Accountability Office, General Services Administration, the Department of Justice, and the Department of Treasury);
- 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
- 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you give us in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you gave to us is available in our Privacy Act System of Records Notice entitled, Earnings Recording and Self-Employment Income System, 60-0059. Additional information about this and other systems of records notices and our programs are available from our Internet website at <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a> or at your local Social Security Office.

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 control number. We estimate that it will take about 2 minutes to read the instructions, gather the facts, and answer the questions. **Send <u>only</u> comments relating to our time estimate above to**: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.