

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

Mail completed form to:	Social Security Administration PO Box 33011 Baltimore, MD 21290-3011	Requesting organization:	SSA Job No 8918 Index 01 The UMWA Health & Retirement Funds 2121 K Street NW, Suite 350 Washington, D.C. 20037
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**Number Holder's Information**

First Name:											Middle Initial:		
Last Name:													
SSN:	--				--								
Date of Birth:	--				--				Date of Death:	--			
	Month		Day		Year				Month		Day		Year
Other First, Middle Initial, and Last Name Used to Report Earnings:													
	through												
Year(s) Requested:	Y	Y	Y	Y			Y	Y	Y	Y			
	through												
	Y	Y	Y	Y			Y	Y	Y	Y			

I am the individual to whom the record/information applies or that person's parent (if a minor) or legal guardian, or a person who is authorized to sign on behalf of the individual to whom the record/information applies. Please furnish the requesting organization, or its designees, an itemized statement of all amounts of earnings reported to my record, or to the record identified above, for the periods specified on this form. Please include the identification numbers, names, and addresses of the reporting employers. **I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.**

Signature of Number Holder (or authorized representative)		Date	--	--						
			M	M	D	D	Y	Y	Y	Y
Printed Name (if other than number holder)		Relationship (if other than number holder)								
Address		State		<input type="checkbox"/> Spouse						
				<input type="checkbox"/> Legal Representative						
City		ZIP Code		<input type="checkbox"/> Other (specify)						
				Phone Number						

**Requesting Organization's Information**

SSA must receive this form within 120 days from the date signed by the Number Holder (or Authorized Representative)

Signature of Organization Official		Date	
Phone Number		Fax Number	

**FOR SSA USE ONLY**    ☐1    ☐2    ☐3    ☐4

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## IMPORTANT INFORMATION

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### Privacy Act Statement Collection and Use of Personal Information

Section 205(c)(2)(A) of the Social Security Act, as amended, allows 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 furnishing detailed earnings information.

We will use the information to produce detailed earnings information about the wage earner. We may also share your information for the following purposes, called routine uses:

- To employers or former employers, including State Social Security administrators, for correcting and reconstructing State employee earnings records and for Social Security purposes; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration in the efficient administration of its programs.

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.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0059, entitled Earnings Recording and Self-Employment published in the Federal Register (FR) on January 11, 2006, at 71 FR 1819. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy](http://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 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 2 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.***