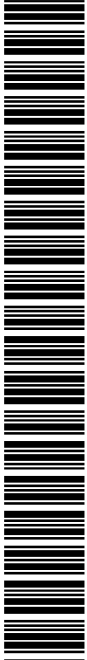


### Authorization to Obtain Earnings Data from the Social Security Administration

|                         |  |                          |   |
|-------------------------|--|--------------------------|---|
| Mail completed form to: | Social Security Administration<br>PO Box 33011<br>Baltimore, MD 21290-3011 | Requesting Organization: | SSA Job No. 8929 Index 01<br>Southern California IBEW-NECA Pension Fund<br>P.O Box 6652<br>Pasadena, CA 91109 |
|-------------------------|--|--------------------------|---|

#### Number Holder's Information

|   |  |                 |  |
|---|--|-----------------|--|
| First Name:   | <input type="text"/>   | Middle Initial: | <input type="text"/>   |
| Last Name:  | <input type="text"/>   |                 |  |
| SSN:  | <input type="text"/> -- <input type="text"/> -- <input type="text"/> |                 |  |
| Date of Birth:  | <input type="text"/> -- <input type="text"/> -- <input type="text"/> | Date of Death:  | <input type="text"/> -- <input type="text"/> -- <input type="text"/> |
|   | Month Day Year   |                 | Month Day Year   |
| Other First, Middle Initial, and Last Name Used to Report Earnings: | <input type="text"/>   |                 |  |
| Year(s) Requested:  | <input type="text"/> through <input type="text"/>                    |                 |  |
|   | Y Y Y Y  |                 | Y Y Y Y  |
|   | <input type="text"/> through <input type="text"/>                    |                 |  |
|   | 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  | <input type="text"/> -- <input type="text"/> -- <input type="text"/> |
|   |   | M M D D Y Y Y Y  |
| Printed Name (if other than number holder)                | Relationship (if other than number holder)    |  |
| Address   | <input type="checkbox"/> Spouse               |  |
| State   | <input type="checkbox"/> Legal Representative |  |
| City  | <input type="checkbox"/> Other (specify)      |  |
| ZIP Code  | 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                      |
| <i>Tom Schoefer</i>                |                           |
| Phone Number (800) 824-6935        | Fax Number (323) 726-3520 |

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 an accurate and timely decision on any claim filed.

We will use the information to (1) identify the wage earner; (2) establish the period of earnings information requested; (3) verify the wage earner authorized SSA to release this information to the requesting party; and (4) produce the Itemized Statement of Earnings (SSA-1826). We may also share your information for the following purposes, called routine uses:

1. To employers or former employers, including State Social Security administrators, for correcting and reconstructing State employee earnings records and for Social Security purposes; and
2. To Federal, State, or local agencies (or agents on their behalf) for the purpose of validating Social Security numbers used in administering cash or non-cash income maintenance programs or health maintenance programs (including programs under the Social Security Act).

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 Notice (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**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 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 relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

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