

ATTESTATION STATEMENT FOR USING THE SSA FORM 89 VERIFICATION SERVICE

Company Name requesting CBSV access:

Company Address:

Company EIN:

List DBA names which will use SSA form 89:

I understand that the "SSA Form 89 Verification Service" for which I am applying to access, utilizes the Social Security Administration's Consent Based Social Verification Service (CBSV). In order to be granted access to the CBSV service, I understand our company must comply with the SSA rules associated with the CBSV service including:

- 1) We understand that Social Security Administration will verify Social Security Numbers solely to ensure that the records of my Clients are correct for the purpose(s) indicated on the Consent Forms, Form SSA-89 (Authorization for SSA to Release SSN Verification), obtained from the Clients.
- 2) We understand the information received from records maintained by the Social Security Administration is protected by Federal statutes and regulations, including 5 U.S.C. § 552a(i)(3) of the Privacy Act. Under this section, any person who knowingly and willfully requests or obtains any record concerning an individual from an Agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$5,000.
- 3) We will only request CBSV SSN verification for an individual from whom our company has obtained a valid consent form.
- 4) We will notify our service provider if an employee/contractor with access to our CBSV order credentials leaves our company or if we choose to revoke any or all of our order access credentials for CBSV.
- 5) We will protect the confidentiality of consent forms (and the information contained on them) and protect the associated record of SSN verification.
- 6) We understand that our CBSV service provider reserves the right to unilaterally suspend access to CBSV services if our service provider or SSA concludes that our company has failed to properly obtain consent or otherwise failed to follow the terms of use associated with this service.
- 7) We understand that we may be notified of updated or new terms of use for the CBSV service from time to time and that compliance with any updated or new conditions will become a condition for continued access to the CBSV service.
- 8) We understand that each Social Security Number (SSN) submitted will be returned to us with a Verification Code that the submission either agrees or does not agree with SSA's records. If SSA's response is that the submission does not match our records, we understand that SSA requires the following actions are taken:
 - a) Review the data submitted to SSA against the data contained in your records. If it does not match, resubmit the corrected data to SSA for verification. The cost for the resubmission will be borne by you.
 - b) If the data in your records matches the data submitted to SSA, then re-contact the SSN holder and ask to see his/her Social Security Card and/or verify the information provided to you to assure that the SSN and name were correctly shown on your request. If the number holder corrects the original data, then you should submit the corrected data to SSA for verification. The cost for resubmission will be borne by you.
 - c) If you cannot resolve the "no match" data discrepancy, then you will refer the SSN holder to the Social Security Field Office that services where he/she resides to determine the nature of the problem. The servicing SSA Field Office can be located by visiting www.socialsecurity.gov. Select the "Find a Social Security Office" link and follow the instructions.
 - d) NOTE: If the Social Security Administration's records are wrong, only the Number Holder can request that the record be corrected.
- 9) We understand that in completing the Form SSA-89, the Number Holder needs to state the purpose for the request, and those general statements such as "Identity Verification" or "Proof of Identity" are not acceptable. Some common purposes may include:
 - a) Seeking a mortgage from the company
 - b) Seeking to rent from the company
 - c) Background Check or Pre-Employment Screening
 - d) To be licensed
 - e) Credit check
 - f) Seeking employment from the company
 - g) Seeking to volunteer for the company
- 10) We acknowledge that Section 1140 of the Social Security Act authorizes SSA to impose civil monetary penalties on any person who uses the words "Social Security" or other program-related words, acronyms, emblems and symbols in connection with an advertisement, solicitation or other communication, "in a manner which such person knows or should know would convey, or in a manner which reasonably could be interpreted or construed as conveying, the false impression that such item is approved, endorsed, or authorized by the Social Security Administration" 42 U.S.C. § 1320b-10(a); and

- a) We acknowledges that it is specifically prohibited from using the words "Social Security" or other program-related words, acronyms, emblems and symbols in connection with an advertisement for "identity verification"; and
 - b) We further acknowledges that it is specifically prohibited from advertising that SSN verification provides or serves as identity verification; and
- 11) We acknowledge that SSA has the right of access to all company books and records associated with our use of the CBSV program at any time.
- 12) We understand that CBSV does not verify employment eligibility, nor does it interface with the Department of Homeland Security (DHS) verification system and it will not satisfy DHS's I-9 requirements."
- 13) We understand that our company is obligated to follow the CBSV requirements for safe guarding and reporting the loss of Personally Identifiable Information (PII) as outlined below:

CBSV requirements for Protecting and Reporting the Loss of Personally Identifiable Information (PII)

PII is any information about an individual maintained by an entity, including (1) any information that can be used to distinguish or trace an individual's identity, such as name, SSN, date and place of birth, mother's maiden name, or biometric records; and (2) any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information.

1. Responsibilities in Safeguarding PII

CBSV requesting companies shall establish, maintain, and follow its own policy and procedures to protect PII, including policies and procedures for reporting lost or compromised, or potentially lost or compromised, PII. The CBSV requesting company shall inform its CBSV Authorized Users which handle PII of their individual responsibility to safeguard such information. In addition, the CBSV requesting company shall, within reason, take appropriate and necessary action to:

- (a) Educate Authorized Users on the proper procedures designed to protect PII; and
- (b) Enforce their compliance with the policy and procedures prescribed.

All Authorized Users shall properly safeguard PII from loss, theft, or inadvertent disclosure. Each Authorized User is responsible for safeguarding this information at all times, regardless of whether or not the user is at his or her regular duty station.

2. Reporting Lost, Compromised or Potentially Compromised PII

- (a) CBSV requesting company becomes aware or suspects that PII has been lost, compromised, or potentially compromised the CBSV requesting company, in accordance with its incident reporting process, shall provide immediate notification of the incident to the primary SSA contact :

1 CBSV Project Team – Phone # 888-772-2970

- (b) The CBSV requesting company shall provide the primary SSA contact, with updates on the status of the reported PII loss or compromise as they become available but shall not delay the initial report.

- (c) The CBSV requesting company shall provide complete and accurate information about the details of the possible PII loss to assist the SSA contact, including the following information:

- 1. Contact information;
- 2. A description of the loss, compromise, or potential compromise (i.e., nature of loss/compromise/potential compromise, scope, number of files or records, type of equipment or media, etc.) including the approximate time and location of the loss;
- 3. A description of safeguards used, where applicable (e.g., locked briefcase, redacted personal information, password protection, encryption, etc.);
- 4. Name of SSA employee contacted;
- 5. Whether the Requesting Party or the Authorized User has contacted or been contacted by any external organizations (i.e., other agencies, law enforcement, press, etc.);
- 6. Whether the Principal or the Authorized User has filed any other reports (i.e., Federal Protective Service, local police, and SSA reports); and any other pertinent information.

As the official within our company responsible for utilizing the SSN verification service (CBSV), I have read and understood our obligations. My name, title, phone and signature follows:

Individual's Name_

Title_

Phone Number

Email

Signature _____ Date