



BLBA BULLETIN NO. 12-01

Issue Date: December 2, 2011

Expiration Date: Indefinite

Subject: Authorization to Obtain Earnings Data from the Social Security Administration using Form SSA-581

Background: The Division of Coal Mine Workers' Compensation (DCMWC) will now use the Form SSA-581 to request itemized earning records from Social Security Administration (SSA) effective immediately. The Form SSA-581 has been approved by the Office of Management and Budget (OMB) and may not be altered without approval by SSA. This form replaces the CM-914 (Request for SSA Information).

SSA has created eight SSA-581 Forms for the following district offices: **Greensburg, Johnstown, Wilkes-Barre, Charleston, Parkersburg, Mount Sterling, Pikeville, and Columbus.** To date SSA has not created a Form SSA-581 for our Denver district office but this form is forthcoming. The Denver district office is the only office authorized to continue to use the Form CM-914 until they are instructed otherwise by the National Office (NO).

SSA has been continuing to honor the CM-914. If a follow-up is required with regard to a pending request originally submitted on a Form CM-914 the district office should not submit a new request on the SSA-581. The NO will provide the district offices with an SSA Directory to check on the status of an outstanding itemized earning record's request for CM-914's already in the pipeline and SSA-581's if the information is not received within thirty days.

All district offices should print the forms as needed to maintain an adequate supply for each location. If a district office changes its mailing address and a change is required to the address field the National Office will notify SSA that a revision is needed so that SSA will make the change and prepare a new form for the appropriate district office.

The SSA-581 is being prepared for use in CORS, but until the form has been tested and put into production the preprinted PDF supplied by SSA must be used.

SSA uses a central office location in Wilkes-Barre, PA to receive and process the SSA-581 requests. Please note that SSA has placed a barcode on the Form SSA-581. SSA

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uses the barcode to properly scan and route each request for mailing to the appropriate district office. In the near future the entire process will be handled exclusively in Baltimore, MD. When this happens SSA will prepare and distribute new SSA-581 forms to all district offices.

We have established two new Diary Action Codes for use with the new form. These replace Diary Action Code 914 and should be used in conjunction with the new forms as follows:

- 581 Start The date the 581 is mailed to the claimant for signature. Do not enter a second time if a follow-up request is necessary.
 End The date the signed 581 is received from the claimant.
- 581SS Start The date the signed 581 is sent to SSA. Do not enter a second time if a follow-up request is necessary.
 End The date the itemized earnings record is received from SSA.

The Denver office will continue to use the CM-914 form and diary action code until SSA creates a Form SSA-581 for that office.

Attached are instructions for using the SSA-581 and a directory of SSA contacts for follow-up purposes.

References: Social Security Administration

Purpose: To change from a fully manual process (CM-914) to a more automated process (SSA-581) in receiving itemized earning records from SSA.

Applicability: Appropriate DCMWC and contract personnel.

Please contact Kathleen Smith in BSRP at smith.kathleen@dol.gov if you have any questions.

Disposition: Retain this Bulletin until its expiration date or its incorporation into the Black Lung Benefits Procedure Manual.



STEVEN D. BRESKIN
Director

Distribution: All supervisors, claims examiners, workers' compensation specialists and workers' compensation assistants

INSTRUCTIONS TO DCMWC CLAIMS STAFF
Authorization to Obtain Earnings Data from the Social Security Administration
(Form SSA-581)

Things to do before mailing the Form SSA-581 to the miner/survivor/guardian of a dependent child

1. The district office should complete the majority of the Form SSA-581 before mailing this form to the miner, survivor, or guardian of the dependent child. In most cases the only requirement needed from the miner is his signature.
2. The district office can type or write the information in the required fields. If writing please use black or blue ink and write legibly. Please do not write outside the required fields.
3. The Form SSA-581 must contain the Social Security number of the miner whose itemized statement of earnings information is being requested.
4. The Form SSA-581 must show the exact period(s) of employment that is being requested.

Things that the claimant must do when completing the Form SSA-581

1. The miner/survivor/guardian of the dependent child must sign (by hand) this form which gives the district office consent to request the miner's itemized statement of earnings and authorizes SSA to release the information. SSA will not accept typed signatures or stamped signatures. Therefore, these forms must be sent to the claimant for signature.
2. The claimant's signature on the SSA-581 must have a valid date (i.e., it must be dated not more than 60 days before it is received by Social Security Administration).
3. If the miner/survivor cannot sign the form and places a mark (usually an "X") in instead of a signature, it must be witnessed by two disinterested persons who must include their addresses. This information must be included with the Form SSA-581.
4. If the miner/survivor cannot sign the form or place a mark on the signature line then they must submit a notarized statement of identity, or a statement certifying that he or she is the individual to whom the record pertains, and that

he or she understands the criminal penalties for knowingly requesting information under false pretenses.

5. The miner/survivor/guardian of the dependent child must initial **ANY** changes made on the authorization.
6. If the claim presented is for survivor's benefits the widow/widower must provide proof of relationship to the decedent (such as a copy of a marriage certificate) along with a copy of the miner's death certificate.
7. If the claim presented is limited to benefits for a dependent child the guardian for the dependent must submit a copy of the dependent child's birth certificate, along with a copy of the miner's death certificate.

Once the claimant returns the signed SSA-581 along with the requested information (additional information is only needed for survivors' claims) the SSA-581 should then be mailed to Social Security Administration at the following address for processing:

Social Security Administration
Wilkes-Barre Data Operations Center
P.O. Box 1040
Wilkes-Barre, PA 18767-1040

The district office should receive the miner's itemized statement of earnings within 30 days. For your reference we have attached an SSA directory for follow-up requests. Contact SSA employees only if the itemized statement of earnings is not received within 45 days.

**Follow-Up Procedure
Itemized Statement of Earnings Requests
Form SSA-581**

It can take up to 90 days to process a request for an itemized statement of earnings. Therefore, please do not follow-up on a request until 45 days have passed since you mailed the request to SSA. To follow-up on your requests, contact the module by telephone and follow the instruction given by the technician. Use the chart below to determine which module to contact for each request.

SSN Range (last 4 digits)	Module Number	Telephone Number
0000-0999	Mod 1	410-966-1247
1000-1999	Mod 2	410-966-5657
2000-2999	Mod 3	410-597-1045
3000-3999	Mod 4	410-597-1049
4000-4999	Mod 5	410-966-8512
5000-5999	Mod 6	410-597-1053
6000-6999	Mod 7	410-597-1057
7000-7999	Mod 8	410-597-1061
8000-8999	Mod 9	410-966-8844
9000-9999	Mod 10	410-597-1065

Mail or fax follow-up requests **only** when instructed to do so by SSA personnel. Automatically mailing or faxing a follow-up request can cause a delay in process and duplicate billing. If you do not receive a satisfactory response from the above modules, please contact:

OCO Pension Fund
<p>Attn: Renee Martin and India Green-Lewis Center for Program Support 7-B-15 SWT Social Security Administration 1500 Woodlawn Drive Fax: 410-966-8632 Email: oco.pension.fund@ssa.gov</p>

Authorization to Obtain Earnings Data from the Social Security Administration

Mail completed form to:	Social Security Administration Wilkes Barre Data Operations Center PO Box 1040 Wilkes Barre, PA 18767-1040	Requesting organization:	RA PENF 09 9586 U S DEPARTMENT OF LABOR ESA/OWCP/DCMWC 402 CAMPBELL WAY MT STERLING KY 40353-7847
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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:

Periods Requested: -- through --
Month Year Month Year
 -- through --
Month Year Month Year



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"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Printed Name (if other than number holder)		Relationship (if other than number holder)	
Address		<input type="checkbox"/> Natural or adoptive parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____	
State	City	ZIP Code	Phone Number

Requesting Organization's Information

Signature of Organization Official	Date
Phone Number	Fax Number

FOR SSA USE ONLY 1 2 3 4



IMPORTANT INFORMATION

Privacy Act Notice

Section 205 (c) (2) (A) of the Social Security Act allows us to ask for the information you give us on this form. The information is needed so that the Social Security Administration can quickly identify your record or the record of the deceased individual who is the subject of a request you are making and prepare the earnings statement you want. You do not have to give us this information. However, without the information we may not be able to process your request. The information you provide will be used primarily for issuing the earnings statement you request. The information you provide may be given out if a Federal law requires that we give out the information; if a Congressman or the President's office needs this information to answer questions you ask them; or the Department of Justice needs the information for investigating or prosecuting violations of the Social Security Act.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about the reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any 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 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 2 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to SSA, 6401 Security Boulevard, Baltimore, MD, 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**