



**Compensation Form Exhibit 1**

**Social Security Administration Consent for Release of Information  
and  
Request for Social Security Earnings Information**

The September 11<sup>th</sup> Victim Compensation Fund (VCF) will contact the Social Security Administration (SSA) directly to request information that is pertinent to determining your VCF compensation award. In order to request the information from the SSA, this cover page and the two (2) attached forms must be completed, signed, and returned to the VCF. Please carefully follow the instructions below when completing these forms.

**Step 1:** Write the Claimant or Decedent Name, VCF Claim Number, and Social Security Number in the designated spaces at the bottom of this page.

**Step 2:** Review the two-page "Social Security Administration Consent for Release of Information" form. To make it easier for you to complete this form, the VCF has already completed many of the required sections. Please fill in the following information on Page 2 of the form:

- Write the Claimant's or Decedent's Name, Date of Birth, and Social Security Number in the spaces at the top of the page.
- Complete the section at the bottom of the page by signing, dating, and providing your daytime phone number.
- If you are not the Claimant (i.e., if you are completing this form as the Personal Representative of a Decedent or as the Authorized Representative of an injured Claimant), please indicate your relationship to the Claimant in the "Relationship" field.

**Step 3:** Review the four-page "Request for Social Security Earnings Information" form. To make it easier for you to complete this form, the VCF has already completed many of the required sections and has marked certain sections as "Not Applicable". Please fill in the following information on Page 2 of the form:

- Section 1: Write the Claimant's or Decedent's Name, Social Security Number, Other Name(s) Used (if applicable), and Date of Birth in the spaces provided.
- Section 4: Sign, date, and write your daytime phone number.

*You do not need to complete any other parts of this form.*

**Step 4:** Upload this page and both signed SSA forms in their entirety to your online claim and select "Exhibit 1: Social Security Administration Form" as the document type. If you filed a hard copy claim, mail the forms to:

September 11<sup>th</sup> Victim Compensation Fund  
PO Box 34500  
Washington, DC 20043

***Please do NOT send these forms directly to the Social Security Administration.  
Doing so may delay the processing of your VCF claim.***

**Claimant or Decedent Full Name:** \_\_\_\_\_

**VCF Claim Number:** VCF \_\_\_\_ \_

**Claimant or Decedent Social Security Number:** \_\_\_\_\_

**Social Security Administration**  
**Consent for Release of Information**

Form Approved  
OMB No. 0960-0566

**Instructions for Using this Form**

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor, you may complete this form to release only the minor's non-medical records. If you are requesting information for a purpose not directly related to the administration of any program under the Social Security Act, a fee may be charged.

**NOTE:** Do not use this form to:

- Request us to release the medical records of a minor. Instead, contact your local office by calling 1-800-772-1213 (TTY-1-800-325-0778), or
- Request information about your earnings or employment history. Instead, complete form SSA-7050-F4 at any Social Security office or online at [www.ssa.gov/online/ssa-7050.pdf](http://www.ssa.gov/online/ssa-7050.pdf).

**How to Complete this Form**

We will not honor this form unless all required fields are completed. An asterisk (\*) indicates a required field. Also, we will not honor blanket requests for "all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the information applies.
- Fill in the name and address of the individual (or organization) to whom you want us to release your information.
- Indicate the reason you are requesting us to disclose the information.
- Check the box(es) next to the type(s) of information you want us to release including the date ranges, if applicable.
- You, the parent or legal guardian acting on behalf of a minor, or the legal guardian of a legally incompetent adult, must sign and date this form and provide a daytime phone number where you can be reached.
- If you are not the person whose information is requested, state your relationship to that person. We may require proof of relationship.

**PRIVACY ACT STATEMENT**

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. The information you provide will be used to respond to your request for SSA records information or process your request when we release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent.

We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, in accordance with 5 U.S.C. § 552a(b) of the Privacy Act, we may disclose the information provided on this form in accordance with approved routine uses, which include but are not limited to the following: 1. To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and/or coverage; 2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; 3. To comply with Federal laws requiring the disclosure of the information from our records; and, 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and other Social Security programs are available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) 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 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 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*



Social Security Administration  
Consent for Release of Information

Form Approved  
OMB No. 0960-0566

SSA will not honor this form unless all required fields have been completed (\*signifies required field).

TO: Social Security Administration

\*Name \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ \*Social Security Number \_\_\_\_\_

I authorize the Social Security Administration to release information or records about me to:

\*NAME \_\_\_\_\_ \*ADDRESS \_\_\_\_\_  
U.S. Department of Justice \_\_\_\_\_ September 11th Victim Compensation Fund \_\_\_\_\_  
\_\_\_\_\_ P. O. Box 34500, Washington, DC 20043 \_\_\_\_\_

\*I want this information released because: It relates to my claim with the Victim Compensation  
*There may be a charge for releasing information.*  
Fund for the purpose of evaluating my claim with the VCF.

\*Please release the following information selected from the list below:

*You must check at least one box. Also, SSA will not disclose records unless applicable date ranges are included.*

- Social Security Number
- Current monthly Social Security benefit amount
- Current monthly Supplemental Security Income payment amount
- My benefit/payment amounts from My DOB to Present
- My Medicare entitlement from \_\_\_\_\_ to \_\_\_\_\_
- Medical records from my claims folder(s) from \_\_\_\_\_ to \_\_\_\_\_  
*If you want SSA to release a minor's medical records, do not use this form but instead contact your local SSA office.*
- Complete medical records from my claims folder(s)
- Other record(s) from my file (e.g. applications, questionnaires, consultative examination reports, determinations, etc.) including applications, questionnaires, determinations and  
diagnosis codes

I am the individual to whom the requested information/record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury in accordance with 28 C.F.R. § 16.41(d)(2004) 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. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that any applicable fees must be paid by me.

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

Relationship (if not the individual): \_\_\_\_\_ \*Daytime Phone: \_\_\_\_\_

# REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

\*Use This Form If You Need

## 1. Certified/Non-Certified Detailed Earnings Information

Includes periods of employment or self-employment and the names and addresses of employers.

OR

## 2. Certified Yearly Totals of Earnings

Includes total earnings for each year but does not include the names and addresses of employers.

**DO NOT USE THIS FORM FOR:**

**Non-certified yearly totals of earnings**

This service is free to the public.

These totals can be obtained by calling 1-800-772-1213 to receive Form SSA-7004, Request for Social Security Statement

**PRIVACY ACT NOTICE:** We are authorized to collect this information under section 205 of the Social Security Act, and the Federal Records Act of 1950 (64 Stat. 583). It is needed so we can identify your records and prepare the statement you request. You do not have to furnish the information, but failure to do so may prevent your request from being processed.

**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 11 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.*

## INFORMATION ABOUT YOUR REQUEST

### • How Do I Get This Information?

You need to complete the attached form to tell us what information you want.

### • Can I Get This Information For Someone Else?

Yes, if you have their written permission. For more information, see page 3.

### • Who Can Sign On Behalf Of The Individual?

The parent of a minor child, or the legal guardian of an individual who has been declared legally incompetent, may sign if he/she is acting on behalf of the individual.

### • ~~Is There A Fee For This Information?~~

#### ~~1. Certified/Non-Certified Detailed Earnings Information~~

~~Yes, we usually charge a fee for detailed information. In most cases, this information is used for purposes NOT directly related to Social Security such as for a private pension plan or personal injury suit. The fee chart on page 3 gives the amount of the fee.~~

~~Sometimes, there is no charge for detailed information. If you have reason to believe your earnings are not correct (for example, you have previously received earnings information from us~~

~~and it does not agree with your records), we will supply you with more detail for the period in question. Occasionally, earnings amounts are wrong because an employer did not correctly report earnings or earnings are credited to the wrong person. In situations like these, we will send you detailed information, at no charge, so we can correct your record.~~

~~Be sure to show the year(s) involved on the request form and explain why you need the information. If you do not tell us why you need the information, we will charge a fee.~~

~~We will certify the detailed earnings information for an additional fee of \$15.00. Certification is usually not necessary unless you plan to use the information in court.~~

#### ~~2. Certified Yearly Totals of Earnings~~

~~Yes, there is a fee of \$15 to certify yearly totals of earnings. Certification is usually not necessary unless you plan to use the information in court.~~

#### ~~3. Method of Payment~~

~~Enclose a check or money order for the entire fee required. Payment can also be made by credit card. To do so, complete page 4 of this form and return it with your request form.~~

**Not Applicable**

**Not Applicable**

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

1. From whose record do you need the earnings information?

Print the Name, Social Security Number (SSN), and date of birth below.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_
Other Name(s) Used \_\_\_\_\_ Date of Birth \_\_\_\_\_
(Include Maiden Name) (Mo/Day/Yr)

2. What kind of information do you need?

[X] Detailed Earnings Information For the period(s)/year(s): 1998 to present
(If you check this block, tell us below why you need this information.)
It relates to my claim with the Victim Compensation Fund for the purpose of evaluating my claim with the VCF.
[ ] Certified Yearly Totals of Earnings For the year(s):
(Check this box only if you want the information certified. Otherwise, call 1-800-772-1213 to request Form SSA-7004, Request for Social Security Statement)

3. If you owe us a fee for this detailed earnings information, enter the amount due using the chart on page 3 . . . . . A. \$ N/A

Do you want us to certify the information? [ ] Yes [ ] No
If yes, enter \$15.00 . . . . . B. \$ N/A

ADD the amounts on lines A and B, and enter the TOTAL amount . . . . . C. \$ N/A

- You can pay by CREDIT CARD by completing and returning the form on page 4, or
Send your CHECK or MONEY ORDER for the amount on line C with the request and make check or money order payable to "Social Security Administration"
DO NOT SEND CASH.

4. I am the individual to whom the record pertains (or a person who is authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

SIGN your name here (Do not print) > \_\_\_\_\_ Date \_\_\_\_\_
Daytime Phone Number \_\_\_\_\_
(Area Code) (Telephone Number)

5. Tell us where you want the information sent. (Please print)

Name U.S. Department of Justice Address September 11th Victim Compensation Fund
City, State & Zip Code P. O. Box 34500, Washington, DC 20043

6. Mail Completed Form(s) To: Exception: If using private contractor (e.g., FedEx) to mail form(s), use:

Social Security Administration Social Security Administration
Division of Earnings Record Operations Division of Earnings Record Operations
P.O. Box 33003 300 N. Greene St.
Baltimore, Maryland 21290-3003 Baltimore, Maryland 21290-0300

Not Applicable



## REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

### How Much Do I Have to Pay For Detailed Earnings?

1. Count the number of years for which you need detailed earnings information. Be sure to add in both the first and last year requested. However, do not add in the current calendar year since this information is not yet available.
2. Use the chart below to determine the correct fee.

Number of Years Requested	Fee	Number of Years Requested	Fee	Number of Years Requested	Fee
1	\$15.00	15	\$ 43.75	28	\$ 64.50
2	17.50	16	45.50	29	66.00
3	20.00	17	47.25	30	67.50
4	22.50	18	49.00	31	68.75
5	25.00	19	50.75	32	70.00
6	27.00	20	52.50	33	71.25
7	29.00	21	54.00	34	72.50
8	31.00	22	55.50	35	73.75
9	33.00	23	57.00	36	75.00
10	35.00	24	58.50	37	76.25
11	36.75	25	60.00	38	77.50
12	38.50	26	61.50	39	78.75
13	40.25	27	63.00	40	80.00
14	42.00				

Not Applicable

For Requests Over 40 Years, Please Add 1 Dollar for Each Additional Year.

• **Whose Earnings Can Be Requested**

**1. Your Earnings**

You can request earnings information from your own record by completing the attached form; we need your handwritten signature. If you sign with an "X", your mark must be witnessed by two disinterested persons who must sign their name and address.

**2. Someone Else's Earnings**

You can request earnings information from the record of someone else if that person tells us in writing to give the information to you. This writing or "authorization" must be presented to us within 60 days of the date it was signed by that person.

**3. A Deceased Person's Earnings**

You can request earnings information from the record of a deceased person if you are the legal representative of the estate, a survivor (that is, the spouse, parent, child, divorced spouse of divorced parent), or an individual with a material interest (example-financial) who is an heir at law, next of kin, beneficiary under the will or donee of property of the decedent.

Proof of death must be included with your request. Proof of appointment as representative or proof of your relationship to the deceased must also be included.

**YOU CAN MAKE YOUR PAYMENT BY CREDIT CARD**

As a convenience, we offer you the option to make your payment by credit card. However, regular credit card rules will apply. You may also pay by check or money order.

Please fill in all the information below and return this form along with your request to:

Social Security Administration  
Division of Earnings Record Operations  
P.O. Box 33003  
Baltimore, Maryland 21290-3003

**Exception:**

If using private contractor (e.g., FedEx) to mail form(s), use:

Social Security Administration  
Division of Earnings Record Operations  
300 N. Greene St.  
Baltimore, Maryland 21290-0300

**Note: Please read Paperwork/Privacy Act Notice**

CHECK ONE

- Visa
- American Express
- MasterCard
- Discover
- Diners Card

Credit Card Holder's Name  
(Enter the name from the credit card)

First Name, Middle Initial, Last Name

**Not Applicable**

Credit Card Holder's Address

Number & Street

City, State, & Zip Code

Daytime Telephone Number

Area Code

Telephone Number

Credit Card Number

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Credit Card Expiration Date

Month

Year

Amount Charged

\$

Credit Card Holder's Signature

**DO NOT WRITE IN THIS SPACE  
OFFICE USE ONLY**

Authorization

Name

Date

Remittance Control #

**PRIVACY ACT NOTICE**

The Social Security Administration (SSA) has authority to collect the information requested on this form under section 205 of the Social Security Act. Giving us this information is voluntary. You do not have to do it. We will need this information only if you choose to make payment by credit card. You do not need to fill out this form if you choose another means of payment (for example, by check or money order).

If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of information provided to SSA listed in the Federal Register. If you want more information about this, you may call or write any Social Security Office.