

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 9586 Index 01 U S DEPARTMENT OF LABOR Black Lung DCMWC Central Mailroom Correspondence, PO Box 8307, London, KY 40742-8307
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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"/> <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	
		<input type="checkbox"/> Legal Guardian	
State		<input type="checkbox"/> Other (specify) _____	
City	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
Phone Number	Fax Number

FOR SSA USE ONLY

1 2 3 4



IMPORTANT INFORMATION

**Privacy Act Notice
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 us with 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 employer, 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 purposes 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.

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.**

INSTRUCTIONS FOR RETURNING FORM SSA-581

By signing this form, you are authorizing the Division of Coal Mine Workers' Compensation (DCMWC) to obtain your earnings records from the Social Security Administration (SSA), which will assist in verifying all coal mine-related employment.

Please do not make any changes or additions to the form. Please sign and date the form only.

Please sign and date and return the SSA-581 form to DCMWC at:

U.S. Department of Labor OWCP/DCMWC
PO Box 8307
London, KY 40742-8307

Please do not send completed form directly to SSA at the Maryland address on the top left of Form SSA-581. DCMWC will send the form to SSA once the form is received at the above address. Thank you for your cooperation in signing, dating and returning this form.