Social Security Administration

Form Approved
OMB No. 0960-0602

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 8330 NATIONAL ELECTRICAL BENEFIT FUND 2400 RESEARCH BLVD STE 500 ROCKVILLE MD 20850

Number Holder's Information

First Name: Middle Initial:

Last Name:

SSN: -- --

Date of Birth: -- -- (Month / Day / Year)

Date of Death: -- -- (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 -- --
Printed Name *(if other than number holder)*		Relationship *(if other than number holder)* ☐ Natural or adoptive parent ☐ Legal Guardian ☐ Other *(specify)* _____
Address	State	
City	ZIP Code	Phone Number

Requesting Organization's Information

Signature of Organization Official	Lawrence J. Bradley	Date
Phone Number (301) 556-4300	Fax Number (301) 556-0100	

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