

**AGREEMENT BETWEEN
THE SOCIAL SECURITY ADMINISTRATION
AND THE STATE OF CALIFORNIA,
DEPARTMENT OF HEALTH SERVICES
(DEPARTMENT OF HEALTH CARE SERVICES)**

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I. Purpose, Parties and Relationships, and Definitions

A. Purpose (5 U.S.C. § 552a(o)(1)(A))

1. The purpose of this agreement is to establish terms, conditions and safeguards under which the Social Security Administration (SSA) agrees to disclose information relating to the eligibility for, and payment of, Social Security benefits and/or Supplemental Security Income (SSI) and Special Veterans Benefits (SVB), including certain tax return information as authorized by 26 U.S.C. § 6103, to the California Department of Health Services; to be succeeded with respect to all functions in this agreement by the California Department of Health Care Services as of July 1, 2007, hereinafter referred to as the State Agency, for use in:
 - a. Verifying income and eligibility factors for State-administered programs authorized by sections 453 and 1137 of the Social Security Act (the Act) (see Article II.E.1.);
 - b. Verifying Social Security numbers (SSNs) of applicants for, and recipients of, benefits under such programs; and
 - c. Defining safeguards against unauthorized use and redisclosure of such information by the State Agency.

This agreement also establishes the terms, conditions and safeguards under which SSA may disclose information relating to the eligibility for, and payment of, Social Security benefits and/or SSI and SVB, to the State Agency for use in State-administered program(s) that are a federal or federally funded program **not** authorized by sections 453 and 1137 of the Act, or that are programs not involving a federal or federally-funded benefit program; and that have been deemed compatible with SSA programs under SSA's regulations (see Article II.E.2.).

Disclosure of tax return information to the State Agency for these programs is strictly prohibited unless explicitly authorized by 26 U.S.C. § 6103, and such authorization is clearly identified in Article II.E.2. of this agreement.

This disclosure of information will ensure that the State Agency program(s) listed in Article II.E. has accurate information upon which to base its entitlement decisions.

This computer matching agreement is executed under the Privacy Act of 1974, 5 U.S.C. § 552a, as amended by the Computer Matching and Privacy Protection Act of 1988 (CMPPA), as amended, and the regulations and guidance promulgated thereunder. While certain programs in Article II.E.2. may not constitute a matching program as defined by the Privacy Act, 5 U.S.C. § 552a(a)(8), the agencies agree to follow the applicable requirements of the CMPPA and other relevant provisions of the Privacy Act, 5 U.S.C § 552a.

2. Under the provisions of this agreement, a State Agency program is limited to the Data System(s) shown for that agency in Articles II.E.1. or II.E.2. of this agreement.

B. Agreement Parties and Relationships

The SSA component responsible for this matching agreement is the Office of Income Security Programs. The State Agency component responsible for this matching agreement is Department of Health Care Services. This agreement constitutes the entire agreement of the parties with respect to its subject matter. There have been no representations, warranties or promises made outside of this agreement. This agreement will take precedence over any other documents that may be in conflict with it.

C. Definitions

1. “Agent” see “Contractor/Agent”
2. “BENDEX” means the Beneficiary and Earnings Data Exchange System.
3. “Contractor/Agent” means a third-party entity in a contractual or similar relationship with the State Agency to act on the Agency’s behalf to administer, or assist in administering, an income-maintenance or health-maintenance program described in this agreement.
4. “Cost-benefit data” means the measure of the match effectiveness. The Computer Matching and Privacy Protection Act (CMPPA) of 1988, Pub. L. 100-503, requires a cost-benefit analysis as part of an agency decision to conduct or participate in a matching program.
5. “DIB” means the Data Integrity Board.
6. “Equivalent Information” means the earnings amounts from employment not covered under the Act converted to information equivalent to quarters of coverage information provided for work covered by the Act.
7. “EVS” means the Enumeration Verification System. Prior to the development of the SVES, SSA provided electronic SSN verification via EVS. The EVS still exists and is currently used by SSA and some states.
8. “Food Stamp” means, for purposes of the quarters of coverage aspect of this matching program as authorized under the above-cited provisions of Pub. L. 104-193, the program defined in 7 U.S.C. § 2012(h) of the Food Stamp Act of 1977.

9. "FISMA" means the Federal Information Security Management Act (<http://csrc.nist.gov/sec-cert/>).
10. "FTMS" means the SSA File Transfer Management System.
11. "Health Maintenance Program" (if appropriate) means a noncommercial program designed to provide an individual with health care (both preventive and treatment) or to subsidize the cost of such care (e.g., Medicare, Medicaid). Note: A commercial insurance company, acting as a contractor/agent of the State Agency, may administer such a program for a State or local agency.
12. "Income Maintenance Program" (if appropriate) means a noncommercial program designed to provide an individual with basic necessities of life (e.g., food, clothing, shelter, utilities) or to supplement the individual's income to permit the purchase of such necessities (e.g., subsidized housing, Food Stamp, Temporary Assistance for Needy Families (TANF), general assistance, Title XX services, energy assistance, State supplementation).
13. "IRC" means the Internal Revenue Code.
14. "MBR" means the Master Beneficiary Record.
15. "MEF" means the Master Earnings File, also known as the Earnings Recording and Self-Employment Income System.
16. "MULTX" means the relationship between multiple SSNs associated with an individual.
17. "NUMIDENT" means a subsystem of the Master Files of SSN Holders and SSN Applications.
18. "OMB" means the Office of Management and Budget.
19. "PII" means Personally Identifiable Information. PII is the information obtained from SSA that can be used, alone or in conjunction with any other information, to identify a specific individual. PII includes any information that can be used to search for or identify individuals, or can be used to access their files. Examples of PII may include: name, SSN, Social Security benefit data, date of birth, official State or government issued driver's license or identification number.
20. "PUPS" means the Prisoner Update Processing System.
21. "Quarters of Coverage" means quarters of coverage as assigned and described under Title II of the Act. The term "quarters of coverage" is also referred to as "credits" in various SSA public information documents. The term "Social

Security credits" may be used interchangeably as well. Quarters of coverage as used in this agreement may also refer to "qualifying quarters" which would entitle individuals to receive Food Stamps.

22. "SDX" means the State Data Exchange.
23. "SSA" means the Social Security Administration.
24. "SSI" means the Supplemental Security Income program established under Title XVI of the Social Security Act.
25. "SSN" means Social Security number.
26. "SSR/SVB" means the Supplemental Security Income Record and Special Veterans Benefits.
27. "State Administered Program" means any means-tested public benefits program of a State or political subdivision of a State under which the State or political subdivision specifies the standards for eligibility.
28. "State Agency" means the agency defined in Article I.A. above, the California Department of Health Care Services, including any applicable county, local, or other office thereof, regardless of whether the employees of the agency are State, county, or local government employees.
29. "State Transmission/Transfer Component" or "STC" (Also known as "Computer Data Center") , if applicable based on Article III, means an entity that, under a separate agreement with SSA, has agreed to transfer data files between SSA and the State Agency identified in Article I.A.
30. "SVB" (if appropriate) means the Special Veterans Benefits established under Title VIII of the Act. Under this program, certain World War II veterans who were eligible for benefits under Title XVI when Title VIII was enacted on December 14, 1999, may be entitled to receive a special benefit for each month they subsequently reside outside the United States after April 2000.
31. "SVES" means the State Verification and Exchange System.
32. "Tax Return Information" has the same meaning as given in 26 U.S.C. § 6103(b). For purposes of this agreement, "tax return information" includes SSA's records obtained under the authority of 26 U.S.C. § 6103 and 42 U.S.C. § 432 concerning the amount of an individual's earnings from wages and/or self-employment income, the periods involved, the identities and addresses of employers, and the amount of payment of retirement income.

II. Legal Authority (5 U.S.C. § 552a(o)(1)(A))

This agreement sets forth the responsibilities of SSA and the State Agency with respect to information obtained pursuant to the agreement which is permitted by the Privacy Act of 1974, as amended and SSA's Privacy Act Regulations (20 C.F.R. § 401.150). The agreement takes into account SSA's responsibilities under section 1106 of the Act (42 U.S.C. § 1306) (see Attachment A) and the responsibilities of SSA and the State Agency under the Internal Revenue Code (IRC) (26 U.S.C. § 6103).

A. Program Data and Tax Return Data

This matching program is authorized for the State Agency programs listed in Article II.E.1. by law under sections 1137 and 453 of the Act (42 U.S.C. §§ 1320b-7 and 653). Section 1137 mandates that the States use an income and eligibility verification system to administer the federally-funded benefit programs (e.g., Medicaid, TANF, Food Stamp and Unemployment Compensation programs). This agreement implements this section by allowing SSA to disclose the data necessary for the State's administration of these programs. 26 U.S.C. § 6103(l)(7) only authorizes the disclosure of tax return information to State Agencies administering programs under section 1137 of the Act for the purpose of administering said programs. Section 453 of the Act authorizes SSA to disclose data to the State Child Support Enforcement Agencies and the States on the location, income and assets of child support obligors, to assist States in establishing paternity and establishing, setting the amount of, modifying, or enforcing child support obligations. For purposes of, and to the extent necessary in establishing and collecting child support obligations from, and locating individuals owing such obligations pursuant to an approved State IV-D plan, SSA is also authorized to disclose certain tax return information to State Agencies (26 U.S.C. § 6103(l)(8)). Contractors/agents acting on behalf of a State will only have access to tax return data where specifically authorized by 26 U.S.C. § 6103.

B. Prisoner and Death Data

SSA may, under this agreement, disclose prisoner and death data to the State Agency for the administration of the federally-funded benefit programs. The authority for the disclosure of prisoner data is contained in section 202(x)(3)(B)(iv) of the Social Security Act (42 U.S.C. § 402 (x)(3)(B)(iv)). Section 205(r)(3) of the Social Security Act (42 U.S.C. § 405(r)(3)) is the authority for the disclosure of death data.

Under the Intelligence Reform and Terrorism Prevention Act of 2004, Pub. L. 108-458, § 7213(a)(2), SSA provides death indicators for restricted State death data.

C. Quarters of Coverage Data

The quarters of coverage aspect is authorized by sections 402, 412, 421 and 435 of Pub. L. 104-193 (8 U.S.C. §§ 1612, 1622, 1631, 1645). For purposes of implementation, which involves the significance of Social Security quarters of coverage to the eligibility of certain aliens for certain defined Federal and State public benefits, SSA may under this agreement disclose to the State Agency, to the extent permitted by law, quarters of coverage and equivalent information.

The Federal programs mandatorily or potentially affected by the above-referenced sections of Pub. L. 104-193 are: SSI, Food Stamp, and TANF under part A of Title IV of the Act; SVB under Title VIII of the Act; social services block grants under Title XX of the Act; and State Medicaid plans approved under Title XIX of the Act.

D. Compatible Programs and Data Disclosure

This matching program is also authorized for the programs listed in Article II.E.2. by the routine use exception to the Privacy Act, 5 U.S.C. § 552a(b)(3). The Privacy Act permits SSA to authorize the disclosure of records for “routine uses” if the use of such records is compatible with the purpose for which the record was collected (5 U.S.C. § 552a(a)(7)). SSA has deemed certain other Federal and State programs compatible to SSA programs, similar to the nature of the programs set forth in section 1137 of the Act. SSA has also determined that the disclosure of records to certain agents acting on behalf of a Federal or State Agency that are assisting or administering a program compatible with SSA programs is permissible. SSA has determined that these other State programs currently meet the requirements for compatibility (20 C.F.R. § 401.150) in that the purposes for which the information will be disclosed are consistent with the purposes for which SSA originally collected the information (i.e., the information will be used in other programs that have the same purposes as SSA programs; the information concerns eligibility, benefit amounts, or other matters of benefit status in a Social Security program; and the information is relevant to determining the same matters in the other program). Disclosure of tax return information to a State Agency for these programs is strictly prohibited unless explicitly authorized by 26 U.S.C. § 6103 and such authorization is clearly identified in Article II.E.2. of this agreement.

E. Department of Health Care Services Program(s) Covered under this Agreement*

1. Programs authorized to receive SSA’s SDX-BENDEX-SVES data (includes tax data) based on sections 1137 and 453 of the Act:

| Program | Data System(s) | Description |
|----------|---|----------------------------|
| Medicaid | SDX, BENDEX, EVES, SVES, and quarters of coverage | Administration of Medicaid |

2. Other programs authorized by the routine use exception to the Privacy Act, 5 U.S.C. § 552a(b)(3) to receive certain data (excludes tax data):

| Program | Data System(s) | Description |
|---------|----------------|-------------|
| | | |

*Any changes must be reported to SSA as they occur.

III. Transfer of Data (*prior to printing, place an “X” in the appropriate box*)

- Data will be transmitted directly between SSA and the **California Department of Health Care Services** by (*indicate FTMS or (method of data transmission)*), a secure mechanism approved by SSA.

The **California Department of Health Care Services** will not transfer or disclose this data to any other agency or entity (e.g. State contractor) by any means without amending this agreement or entering into a new agreement which would allow for the data transfer.

- Data will be transmitted directly between SSA and the State of California, Department of Technology Services by Connect:Direct, a secure mechanism approved by SSA. The California Department of Technology Services, as a State Transmission/Transfer Component (STC), will serve as the conduit between SSA and the California Department of Health Care Services. The STC has a separate agreement with SSA defining what data SSA will disclose and the terms under which SSA will provide such data.

The California Department of Health Care Services will not transfer or disclose this data to any other agency or entity (e.g. State contractor) by any means without amending this agreement or entering into a new or amended agreement which would allow for the data transfer.

IV. Justification and Anticipated Results (5 U.S.C. § 552a(o)(1)(B))

A. Justification

1. The State Agency program(s) listed in Article II.E.1. are required to use information relating to eligibility for and amount of Social Security benefits and/or SSI and SVB benefits, quarters of coverage, prisoner, and death information under the Act, and, where appropriate, certain tax return information, for administration of the specific State programs covered by this agreement. Additional programs mandated by law after the inception of this agreement may, by the means of modification to Article II.E., be added to the coverage of this agreement.
2. SSA is required by law to disclose certain information to the State Agency and agrees to provide quarters of coverage information to the State for purposes of Pub. L. 104-193. Under Pub. L. 104-193, the State Agency may be required to determine the number of quarters of coverage of certain alien applicants and their parents and spouses in determining the eligibility of such applicants for certain defined public benefits. SSA at its discretion, to the extent permitted by law, may provide to the State Agency quarters of coverage information and equivalent information recorded in the applicant's account or the accounts of the parents or spouse of such applicant.
3. The State Agency is required by law to require each applicant for, or recipient of, benefits under the 1137 programs listed in Article II.E., to furnish his or her SSN or identifying information and to utilize such number or identifying information in the administration of the programs. SSA is required by law to verify the SSN of individuals applying for these State-administered benefit programs.
4. SSA is required by law to disclose data to the State Child Support Enforcement Agencies (CSEA) and the States on the location, income and assets of child support obligors, to assist States in establishing paternity and establishing, setting the amount of, modifying, or enforcing child support obligations. For purposes of, and to the extent necessary in establishing and collecting child support obligations from, and locating individuals owing such obligations pursuant to an approved State IV-D plan, SSA is authorized to disclose Social Security benefits and/or SSI and SVB benefits, quarters of coverage, prisoner, and death information under the Act, and certain tax return information, for administration of State child support enforcement programs. The Federal Parent Locator System (FPLS) was developed for this purpose and is the most efficient and preferred method of this data transfer.
5. The use of computer technology to transfer data from SSA to the State Agency is more efficient and quicker than the use of manual processes.

B. Anticipated Results

The State Agency expects program savings of \$200,400,000 over the period of this agreement at a cost of \$600,000 by performing this matching program. SSA does not expect any direct program savings to result from this matching program, but based on cost-benefit analysis, estimates SSA net administrative savings of approximately \$21.8 million for all the SDX/BENDEX/SVES data exchanges through increased efficiencies in coordinating the administration of mutually dependent Federal and State programs. In such fashion, the matching program is expected generally to benefit federally-funded programs that are State administered.

V. Systems Operations

These matches are initiated in the following ways:

- A. The SDX aspect of this matching program is operated by SSA periodically sending the State Agency a file of SSI and SVB recipients in that State who are currently receiving SSI and SVB payments, or were recently terminated, or had changes in status.
- B. The BENDEX aspect of this matching program is operated by the State Agency periodically sending to SSA a file of applicants for, or recipients of, benefits under certain State-administered programs (see Article II.E.) for whom Social Security benefit information and/or earnings data is required.
- C. The EVS aspect of this matching program is operated by the State Agency periodically sending to SSA a file of applicants for, or recipients of, benefits under certain State-administered programs (see Article II.E.) for whom SSN verification is required.
- D. The SVES aspect of this matching program is operated by the State Agency periodically sending to SSA a file of applicants for, or recipients of, benefits under certain State-administered programs (see Article II.E.) for whom Social Security, SSI and SVB benefit information and/or SSN verification is required.
- E. The quarters of coverage aspect of this matching program is operated by the State Agency periodically sending to SSA a file of applicants for, or recipients of, benefits under certain State-administered programs (see Article II.E.) and, where permitted by applicable law, the parents or spouses of such applicants when requesting quarters of coverage or equivalent information necessary for the implementation of the above-referenced sections of Pub. L. 104-193.
- F. The prisoner aspect of this matching program is operated by the State Agency periodically sending to SSA a file of applicants for, or recipients of, benefits under certain State-administered programs (see Article II.E.) for the State Agency to verify

and otherwise ensure that benefits are not issued to individuals who are not entitled to receive such benefits.

VI. Description of the Records to be Matched (5 U.S.C. § 552a(o)(1)(C))

A. Systems of Records (see data elements at Attachment B)

1. SSA's systems of records used for purposes of this agreement may be the SSR/SVB, MBR, Earnings Recording and Self-Employment Income System (subsystem referred to as the MEF), Master Files of SSN Holders and SSN Applications (subsystems referred to as the EVS, the ALPHIDENT, or the NUMIDENT), and PUPS. MULTX, the systems program that associates multiple SSNs that are related to the applicant's earnings file, may also be used.
2. For each aspect of this matching program, the following are the SSA systems of records that will be accessed:
 - a. SDX – SSR/SVB, SSA/ODSSIS (60-0103);
 - b. BENDEX – MBR, SSA/ORSIS (60-0090) and the Earnings Recording and Self-Employment Income System, SSA/OEEAS (60-0059);
 - c. EVS – Master Files of SSN Holders and SSN Applications, SSA/OEEAS (60-0058);
 - d. SVES – SSR/SVB, SSA/ODSSIS (60-0103); MBR, SSA/ORSIS (60-0090); Earnings Recording and Self-Employment Income System, SSA/OEEAS (60-0059); Master Files of SSN Holders and SSN Applications, SSA/OEEAS (60-0058); and PUPS, SSA/OEEAS (60-0269);
 - e. Quarters of Coverage Query – Earnings Recording and Self-Employment Income System, SSA/OEEAS (60-0059) and the Master Files of SSN Holders and SSN Applications, SSA/OEEAS (60-0058);
 - f. Prisoner Query – PUPS, SSA/OEEAS (60-0269).
3. SSA and the State Agency will exchange information through FTMS or a mutually acceptable security mechanism.

B. Specified Data Systems Used in a Match

1. SDX – When the State Agency receives SSI and SVB program data and uses this data in matching activities, it will match the SDX file to the appropriate fields in State files.
2. BENDEX – The State Agency will provide SSA with name, SSN, and date of birth for those individuals about whom information is requested from BENDEX.

3. EVS – The State Agency will provide SSA with name, SSN, and date of birth for those individuals about whom SSN verification is requested from EVS.
4. SVES – The State Agency will provide SSA with name, SSN, and date of birth for those individuals about whom information is requested from SVES.
5. Quarters of Coverage Query – The State Agency will provide SSA with name, SSN, and date of birth for those individuals about whom information is requested from SVES.
6. Prisoner Query – The State Agency will provide SSA with name, SSN, and date of birth for those individuals about whom information is requested from PUPS.

C. Number of Records Involved

1. SDX – SSA will furnish to the State Agency daily SDX files containing information on SSI and SVB recipients. The number of records given to the State Agency during a month will be approximately 660,000.
2. BENDEX – The State Agency will furnish to SSA daily files containing identifying information of applicants for, or recipients of, benefits under State-administered programs. The State Agency will be requesting approximately 2,750,000 records each month from SSA.
3. EVS – The State Agency will furnish to SSA daily SSNs of applicants for, or recipients of, benefits under State-administered programs. The State Agency will be requesting approximately 1,100,000 records each month from SSA.
4. SVES – The State Agency will furnish to SSA daily files containing identifying information of applicants for, or recipients of, benefits under State-administered programs. The State Agency will be requesting approximately 1,760,000 records each month from SSA.
5. Quarters of Coverage Query – The State Agency will furnish to SSA monthly files containing identifying information of applicants for, or recipients of, benefits under State-administered programs. The State Agency will be requesting approximately 110,000 records each month from SSA.
6. Prisoner Query – The State Agency will furnish to SSA N/A files containing identifying information of applicants for, or recipients of, benefits under State-administered programs. The State Agency will be requesting approximately N/A records each month from SSA. Not being used by the Department of Health Care Services.

If the State Agency anticipates an unprecedented increase to the number of records shown above, the State Agency agrees to contact the SSA Systems contact (see Article XVIII.A.) prior to initiating that month's match(es).

VII. Duration and Modification of the Agreement

A. Duration

1. This agreement can only be effectuated and will only be available for use the later of:
 - a. July 1, 2007, OR
 - b. 40 days after submission of matching notices on this program to Congress and OMB, or 30 days after publication of the computer matching notice for this matching program in the Federal Register, and upon signature of the agreement by both parties to the agreement.

2. This agreement requires signoff by both agencies and will be effective upon the date of the SSA Regional Commissioner's signature. This agreement will be in effect for 18 months, but not beyond December 31, 2009. If at the end of 18 months December 31, 2009, is in the future, this agreement may be extended.

The extension may be for up to 12 months, but not beyond December 31, 2009. In the extension, SSA's Data Integrity Board (DIB), and the State Agency will certify, within 3 months prior to the expiration of the agreement, pursuant to 5 U.S.C. § 552a(o)(2)(D) that:

- a. The matching program will be conducted without change; and
 - b. The matching program has been conducted in compliance with the original agreement.
3. The provisions of this agreement may **not** extend beyond December 31, 2009.

 4. If either agency does not wish to renew this agreement, it will notify the other of its intention not to renew at least 90 days before the end of the then current period.

 5. Either party may unilaterally terminate the agreement upon written notice to the other party, in which case the termination will be effective 90 days after the date of the notice, or at a later date specified in the notice. The agreement may be terminated at any time by the mutual written consent of both parties. However, SSA may make an immediate, unilateral suspension of the data flow and/or termination of this agreement if SSA:
 - a. Has determined that there has been an unauthorized use or disclosure of information by the State Agency and/or their contractors/agents; or

- b. Has determined that there has been a violation of or failure to follow the terms of this agreement; or
 - c. Has reason to believe that the State Agency and/or their contractors/agents breached the terms for security of data until such time as SSA makes a definite determination of a breach.
6. This agreement does not authorize SSA to incur obligations through the performance of the services described herein. Since SSA's performance under this agreement spans multiple fiscal years, SSA's ability to perform work for each fiscal year is subject to the availability of funds.

B. Modification

This agreement may be modified at any time by an amendment or new agreement which satisfies both parties.

VIII. Procedures for Notice (5 U.S.C. § 552a(o)(1)(D))

A. Applicants

Both the State Agency and SSA agree to notify all individuals who apply for benefits for their respective programs that any information provided by them is subject to verification through matching programs. The State Agency's notice consists of appropriate language printed on application forms (DHS MC210 – mail in Medi-Cal application, SAWS 2 – Statement of Facts, MC321- joint Medi-Cal/Healthy Families application, MC368 - Important Information for Medi-Cal applicants, MC219 - Important Information For Persons Requesting Medi-Cal, -, and MC266 - Directions To Apply for Medi-Cal” (presumptive eligibility), and through separate handouts with federally approved language. SSA's notice consists of appropriate language printed on its application forms or a separate handout with appropriate language when necessary.

B. Beneficiaries/Annuitants

Both the State Agency and SSA will provide subsequent notices to their respective retirees, annuitants, beneficiaries, and/or recipients. The State Agency's notice consists of appropriate language printed on application forms (MC219 - Important Information For Persons Requesting Medi-Cal, and MC262 - Redetermination for Medi-Cal beneficiaries (Long-term care in own MFBU), and through separate handouts with federally approved language. SSA's notice consists of a notice of this matching program in the Federal Register and periodic mailings to all beneficiaries and recipients describing SSA's matching activities.

IX. Verification and Opportunity to Contest Match Data
(5 U.S.C. § 552a(o)(1)(E) and 5 U.S.C. § 552a(p))

A. Verification

Based on the determination of SSA's DIB pursuant to its approval of this agreement, unless contradictory OMB final guidelines are issued, the State Agency may consider all SSA benefit data disclosed under this agreement as verified, as provided in 5 U.S.C. § 552a(p)(1)(A)(ii). Thus, the DIB has determined that the information is limited to identification and amount of benefits paid by SSA under a Federal benefit program and there is a high degree of confidence in the accuracy of the data (see Article XIV. below). The State Agency may use the above-specified data without independent verification in their administration of the program(s) listed in Article II.E.

Prisoner and death data, however, do not have this high degree of accuracy; and before any adverse action can be taken against any individual, this data must be independently verified.

Tax return information obtained under this agreement, as authorized by 26 U.S.C. § 6103, will be verified in accordance with section 1137 of the Social Security Act.

B. Opportunity to Contest

The State Agency agrees that there can be no termination, suspension, reduction, final denial, or other adverse action taken against an individual based on this computer match with SSA until there is an opportunity to contest the match information such that:

1. Notice is provided by the State Agency to the affected individual which informs that individual of the match findings and the opportunity to contest these findings.
2. The affected individual is given until the expiration of any time period established for the relevant benefit program by a statute or regulation for the individual to respond to the notice. If no such time period is established by a statute or regulation for the program, a 30-day period will be provided. The time period begins on the date on which notice is mailed or otherwise provided to the individual to respond.
3. The notice clearly states that, unless the individual responds to the notice in the required time period, the State Agency will conclude that the match data provided by SSA is correct and will make the necessary adjustment to the individual's payment.

X. Procedures for Retention and Timely Destruction of Identifiable Records
(5 U.S.C. § 552a(o)(1)(F))

A. State Agency

The State Agency and programs listed in Article II.E. will retain all identifiable records received from SSA only for the period of time required for any processing related to the matching program and will then destroy the records.

As part of the matching program, any accretions, deletions, or changes to SSA's program rolls provided by SSA to the State Agency can be used by the State Agency to update its master files, which will be permanently retained under cognizable authority governing the State Agency's retention of records. Any other identifiable records must be destroyed unless the information has to be retained in individual file folders in order to meet evidentiary requirements. In the latter instance, the State Agency will retire identifiable records in accordance with the Department of Health Care Services Manual of Policies and Procedures, Division 23-353 (Retention Period) and 23-355 (Destruction of Case Records), consistent with the requirements of the Privacy Act (5 U.S.C. 552a[j]).

B. SSA

SSA will delete electronic data input files received from the State Agency when the match has been completed. SSA will retire identifiable records in accordance with the Federal Records Retention Schedule (44 U.S.C. § 3303a).

C. Neither SSA nor the State Agency will create a separate file or system concerning only individuals whose records are used in this matching program.

XI. Procedures for Security (5 U.S.C. § 552a(o)(1)(G))

A. At a minimum, SSA will safeguard the State Agency's information and the State Agency will safeguard SSA's information as follows:

1. Access to the records matched and to any records created by the match will be restricted to only those authorized employees and officials who need it to perform their official duties in connection with the uses of the information authorized in this agreement.
2. The records matched and any records created by the match will be stored in an area that is physically safe from access by unauthorized persons during duty hours, as well as non-duty hours, or when not in use.
3. The records matched and any records created by the match will be processed under the immediate supervision and control of authorized personnel in a manner which will protect the confidentiality of the records, and in such a way that unauthorized persons cannot retrieve any such records by means of computer, remote terminal, or other means.

4. All personnel who will have access to the records matched and to any records created by the match will be advised of the confidential nature of the information, the safeguards required to protect the information, and the civil and criminal sanctions for noncompliance contained in applicable Federal laws.
 5. The equipment, files and/or documents will be transported under appropriate safeguards.
- B. The Secretary of the Treasury has published a brochure entitled "Tax Information Security Guidelines for Federal, State and Local Agencies," Publication 1075, which is available from the Internal Revenue Service (IRS) District Disclosure Officer in the appropriate IRS district. SSA and the State Agency agree to comply with these guidelines and any revision of them, submit to IRS audits, and furnish the required reports to IRS. The aforementioned brochure is hereby incorporated by reference into this agreement.

SSA's Office of Systems Security Operations Management has prepared written guidelines entitled, "Information System Security Guidelines for Federal, State and Local Agencies Receiving Electronic Information from the Social Security Administration." These guidelines (see Attachment C) provide instructions and an explanation of SSA's security requirements. Additional copies are available upon request. By signing this agreement, the State Agency agrees to comply with SSA's security guidelines.

- C. Both SSA and State Agency agree to comply with the requirements of the Federal Information Security Management Act (FISMA) (Pub. L. 107-347, Title III, section 301) as it applies to the electronic storage, transport of records between agencies, and the internal processing of records received by either Agency under terms of this agreement. SSA reserves the right to conduct onsite inspections to monitor compliance with FISMA regulations during the lifetime of this agreement.
 - D. Both SSA and State Agency agree to inform personnel including contractors/agents of the information security risks associated with their activities and their responsibilities in complying with organizational policies and procedures designed to reduce these risks.
 - E. SSA recognizes States already are subject to IRS safeguard reviews which require States to meet a high degree of compliance; and as a result, SSA's future review activity will complement, rather than duplicate, IRS security requirements and review activity.
- XII. Safeguarding and Reporting Responsibilities for Personally Identifiable Information (PII)
- A. State Agency

1. The State Agency will ensure that its employees and contractors/agents properly safeguard PII furnished by SSA under this agreement from loss, theft or inadvertent disclosure.
2. The State Agency will ensure that its employees and contractors/agents understand that they are responsible for safeguarding this information at all times, regardless of whether or not the State employee or the contractor/agent is at his or her regular duty station.
3. The State Agency will ensure that laptops and other electronic devices/media containing PII and used by its employee and its contractors/agents are encrypted and/or password protected.
4. The State Agency will ensure that when it and/or its contractors/agents are sending email containing PII, its employees and/or contractors/agents do so only from and to addresses that are secure or that they have encrypted the email.
5. The State Agency will ensure that its employees and its contractors/agents working under this agreement adhere to the procedures listed in this agreement.
6. The State Agency will ensure that its employees or contractors/agents limit disclosure of the information and details relating to a PII loss only to those with a need to know.
7. The State Agency will establish procedures to ensure that when a State Agency employee or contractor/agent becomes aware of the possible or suspected loss of PII, the State Agency Systems Security Issues contact or equivalent is immediately notified of the incident. The State Agency will then notify the SSA Regional Office contact (see Article XVIII.A.3.). If within 1 hour the State Agency has been unable to speak with the SSA Regional Office contact or if for some other reason, e.g., it is outside of the Regional Office's normal business hours, the State Agency will call SSA's Network Customer Service Center (NCSC) at 410-965-7777 or toll free at 1-888-772-6111.

When reporting the loss or suspected loss of PII, the report should include the following specific information:

- a. Contact and component information.
- b. A description of the loss or suspected loss (e.g., nature of loss, scope, number of files or records and type of equipment or media) including the approximate time and location of the loss.
- c. How was the data physically stored, packaged and/or contained (e.g., password protected, encrypted, locked briefcase, redacted personal information, etc.)?
- d. Which SSA and/or State components and/or state contractor/agents have been involved?
- e. Have any individuals or external organizations (e.g., other agencies, law enforcement or the press) been contacted or contacted you?

- f. Have any other reports (e.g., local police, SSA and/or State reports) been filed?
- g. Any other pertinent information.

- 8. The State Agency will provide updates as they become available to the SSA Systems Security Issues contact, as applicable. The State Agency will provide complete and accurate information about the details of the possible PII loss to assist the SSA Systems Security Issues contact. The State Agency and/or contractor/agent will use the worksheet (see Attachment D) to quickly gather and organize information about the incident.

B. SSA

- 1. SSA will assume responsibility for making the contact within SSA so that a formal report is filed in accordance with SSA procedures.
- 2. SSA will notify the Department of Homeland Security's United States Computer Emergency Readiness Team if loss or potential loss of personally identifiable information related to a data exchange covered under this agreement occurs.

XIII. Procedures for Records Usage, Duplication, and Redisclosure Restrictions (5 U.S.C. § 552a(o)(1)(H) and 5 U.S.C. § 552a(o)(1)(I))

- A. The State Agency agrees to the following limitations on the use, duplication, and redisclosure of the data systems listed in Article VI.B. and information provided by SSA:
 - 1. The tax return information the BENDEX contains will be used only to determine individual eligibility for, or the amount of, assistance under a State plan pursuant to section 1137 of the Act. Contractors/Agents acting on behalf of a State will only have access to tax return data where specifically authorized by 26 U.S.C. § 6103. The other data provided by SSA will not be redisclosed or used for any purpose other than to determine eligibility for, or the amount of, benefits under the State-administered income/health maintenance programs specified in Article II.E. Such State-administered programs must be authorized in statements of routine use published by SSA in the Federal Register or otherwise specifically approved by SSA and not otherwise prohibited by applicable law.
 - 2. The tax return information the BENDEX contains and the other data provided by SSA will not be used to extract for any purpose information concerning individuals who are neither applicants for, nor recipients of, benefits under the State-administered income/health maintenance programs specified in Article II.E. Information will be used in a manner provided for by applicable law and described in this agreement. Disclosures to such State-administered programs must be authorized in statements of routine use published by SSA in the

Federal Register or otherwise specifically approved by SSA and not otherwise prohibited by applicable law.

3. The State Agency will restrict access to the information obtained from SSA to only those authorized State employees and contractors/agents under contract with the State Agency who need it to perform their official duties in connection with the intended uses of the information authorized in this agreement. At SSA's request, the State Agency will obtain from its contractor/agent a current list of the contractor's/agent's employees who have access to SSA information under the terms of this agreement.
4. Except as necessary for the operation of this matching program, as provided in this agreement, files provided by SSA will not be duplicated or disseminated within or outside the State Agency without the prior written approval of SSA. SSA will not grant such authority unless the redisclosure is required by law or is essential to the matching program. In such instances, the State Agency must specify in writing what records are being disclosed, to whom, and the reasons that justify such redisclosure.
5. Except as necessary for the operation of this match, as provided for in this agreement, State Agency contractors/agents and their employees who are authorized access to the information provided under this agreement will not duplicate, disseminate or disclose the SSA files provided to them by the State Agency unless the State Agency has obtained SSA's prior written approval for redisclosure.
6. The State Agency will undertake in its contractual relationship with each contractor/agent to obtain the contractor's written agreement that the contractor/agent will abide by all relevant Federal laws and access, disclosure and use restrictions, and security requirements in this agreement. The State Agency will provide the contractor/agent with a copy of this agreement and the related attachments before the initial disclosure of data to the contractor/agent.
7. Prior to signing this agreement the State Agency agrees to provide to SSA's Regional Office contact(s) (see Article XVIII.A.) written communication on State Agency letterhead:
 - a. that the State Agency is not using contractors/agents; or
 - b. a current list of contractors/agents who, as of the effective date of this agreement, will have access to the information the State Agency obtains through this agreement. The list will contain: name and address of contracting firm, description of the work that is performed with the information and the location of where work is performed with the information. The State Agency further agrees to certify, in this same manner, to SSA that these contractors/agents are currently under contract with the State Agency and are acting on behalf of the State Agency to administer or assist in administering the programs listed in Article II.E.

8. For the duration of this agreement and within 60 days of an occurrence, the State Agency agrees to provide to SSA Regional Office contact (see Article XVIII.A.3.) written communication on State Agency letterhead whenever a new contractor/agent will have access to information under this agreement, or an existing contractor/agent will no longer have access to the information under this agreement.
 9. Prior to the renewal of this agreement, the State Agency agrees to provide to SSA Regional Office contact(s) (see Article XVIII.A.) written communication on State Agency letterhead certification that all contractors/agents administering or assisting in administering the programs listed in Article II.E are in compliance with this agreement.
 10. State Agency employees and contractors/agents under contract with the State Agency who access, disclose or use the information obtained pursuant to this agreement in a manner or for a purpose not authorized by the agreement may be subject to civil and criminal sanctions contained in applicable federal statutes.
 11. SSA files provided to the State Agency remain the property of SSA and will be handled as provided in Article X.A., once matching activity under this agreement is complete.
- B. SSA agrees to the following limitations on the use, duplication, and redisclosure of the identifying files and information provided by the State Agency (see Article VII.B):
1. The files provided by the State Agency will be used and accessed only for the purposes specified in this agreement.
 2. The files provided by the State Agency will not be used to extract information concerning the individuals therein for any purpose not specified in this agreement.
 3. The files provided by the State Agency will not be duplicated or disseminated within or outside SSA without the written permission of the State Agency.
 4. The files provided by the State Agency remain the property of the State Agency and will be handled as provided in Article X.B., once matching activity under this agreement is completed.
- C. Both SSA and the State Agency will adopt policies and procedures to ensure that information contained in their respective records and obtained from each other will be used solely as provided in this agreement, including adherence to the terms of section 1106 of the Social Security Act

(42 U.S.C. § 1306), section 6103(p)(4) of Title 26 of the IRC for tax return information, and the regulations promulgated thereunder.

XIV. Accuracy Assessments

Previous matches with the same files indicate that the State Agency's records are 97 % accurate based on inputs from recipients and third parties, and that SSA's benefit records are more than 99% accurate when they are created. The prisoner and death records, some of which are not verified by SSA, do not have this high degree of accuracy.

XV. Access by the Comptroller General (5 U.S.C. § 552a(o)(1)(K))

The Government Accountability Office (Comptroller General) may have access to State Agency and SSA records that the Comptroller General deems necessary in order to monitor or verify compliance with this agreement.

XVI. Additional Functions to be Performed under this Agreement

A. The State Agency agrees:

1. The SDX, BENDEX, and SVES systems will be used by the State Agency to obtain Social Security, SSI and SVB payment information on the applicants/recipients of the programs identified in Article II.E. The State Agency also agrees that it will use BENDEX and/or SVES to obtain tax return information and/or quarters of coverage, prisoner, and death information pertaining to only those persons for which use is authorized by applicable law pursuant to section 1137 of the Social Security Act, as specified in this agreement. Use and disclosure of this information for other purposes are subject to the restrictions described in this agreement.
2. To provide information obtained in the quarters of coverage query, as necessary, to State and local government agencies within the State which will make quarters of coverage determinations under Pub. L. 104-193.
3. To provide SSA with the necessary identifying information concerning those individuals about whom information is requested from BENDEX or SVES. (Specific requirements for the request are discussed in the BENDEX handbook or SVES manual.) The State Agency also agrees to notify SSA when an individual is no longer eligible for benefits.
4. To submit SSNs for verification through EVS or SVES in the format specified by SSA. If SSA notifies the State Agency that the SSN and identifying information do not match, the client should be asked about other names used and then the State Agency should resubmit the verification request a second

time through EVS or SVES. The State Agency may refer the client to the SSA field office for a replacement Social Security card, if necessary.

5. To provide cost-benefit information (e.g., processing costs and program savings) for each program listed in Article II.E. SSA will use this information to justify the efficiencies in the administration of mutually dependent Federal and State programs.

B. SSA agrees:

1. To initially verify the SSNs submitted and to process only verified SSNs in the conduct of the matching program.
2. To the extent permitted by applicable law, to furnish to the State Agency files containing the necessary information for identified individuals via BENDEX or SVES. The files provided by SSA will adhere to the characteristics and data format requirements shown in Attachment B.
3. To the extent permitted by applicable law, to disclose to the State Agency, via BENDEX or SVES, based on its request, Social Security benefit payment and tax return information contained in SSA's records regarding those individuals whom the State Agency identifies. SSA will provide additional information about each individual identified by the State Agency whenever SSA posts changes to its records until the individual dies or the State Agency notifies SSA that the individual is no longer eligible for assistance under the programs identified in Article II.E.
4. To the extent permitted by applicable law, to disclose to the State Agency, via SDX or SVES, payment information contained in SSA's records concerning applicants/recipients of SSI and SVB payments. The files provided by SSA will be IBM compatible and will adhere to the characteristics and information format requirements shown in Attachment B.
5. To the extent permitted by applicable law, to disclose to the State Agency, via EVS or SVES, whether or not the identifying information and SSN furnished agree with SSA records and, if not, what element of information (name, date of birth, or sex code) does not agree. Any multiple SSNs also will be furnished to the State Agency.

XVII. Reimbursement

SSA estimates it will incur approximately \$2.3 million in administrative costs to perform matching operations under this national program. This includes expenses for systems' programming and ongoing transaction costs. However, SSA will accrue savings estimated at \$24.1 million because manual processes in field offices will be supplanted by automated interfaces. This equates to a 10.5:1 benefit-to-cost ratio for SSA. The State Agencies will

also accrue sizable program savings estimated to be about \$3.8 billion. Consequently, the parties recognize the mutual benefits of the matching program and agree to a quid pro quo arrangement in which no cost reimbursement is required. Adjustments may be required in the future if it is determined that costs are disproportionate. Such adjustments, if necessary, will be negotiated and documented in a separate reimbursable agreement.

XVIII. Persons to Contact

A. The SSA contacts are:

1. Data Exchange Agreement Issues:

Norma Followell
Office of Income Security Programs
Information Exchange and Matching Staff
74 RRCC
6401 Security Boulevard
Baltimore, Maryland 21235
Phone: (410) 965-0806
Fax: (410) 597-0841
Email: Norma.Followell@ssa.gov

2. Disclosure Policy Issues

Willie Polk
Office of the General Counsel, Office of Public Disclosure
6401 Security Boulevard
Baltimore, Maryland 21235
Phone: (410) 965-1753
Fax: (410) 966-0869
Email: willie.j.polk@ssa.gov

3. Regional Office:

Alan Follett
 Program Expert, Retirement and Survivors Insurance Team
 P.O. Box 4206
 Richmond, CA 94804
 Phone: (510) 970-8245
 Fax : (510) 970-8101
 Email: Alan.Follett@ssa.gov

4. Systems Issues:

Mark Dailey
 Office of Earnings, Enumeration
 and Administrative Systems/DIVES/Data Exchange Branch
 6401 Security Boulevard
 Baltimore, Maryland 21235
 Phone: (410) 966-7849
 Fax: (410) 966-3147
 Email: mark.dailey@ssa.gov

5. Systems Security Issues:

Teresa Rojas, Acting Director
 Office of Systems Security Operations Management
 Office of Financial Policy and Operations
 6401 Security Boulevard
 Baltimore, Maryland 21235
 Phone: (410) 966-7284
 Fax: (410) 966-0527
 Email: Teresa.C.Rojas@ssa.gov

B. The State Agency contacts are:

1. Data Exchange Agreement Issues:

John Zapata
 Staff Services Manager I, Medi-Cal Eligibility Branch
 1501 Capitol Avenue, Suite 71-4331, MS 4607
 PO Box 997417
 Phone: 916-552-9451
 FAX: 916-552-9478
 E-Mail: john.zapata@dhcs.ca.gov

2. Systems Security Issues:

Racheal Strider
Chief Information Security Officer
1615 Capitol Avenue, 173.2.233, MS Code 6302
Sacramento, CA 95814
Phone: (916) 440-7223
FAX: (916) 440-7064
E-mail: racheal.strider@dhcs.ca.gov

XIX. Authorized Officials

The State officials with authority to request information under this agreement are the director and her designees.

XX. Agency Approval

Each party executing this Agreement is authorized to enter into agreements of this nature on behalf of their agency.

Social Security Administration:

BY: Nancy Veillon
Nancy Veillon
Associate Commissioner
Office of Income Security Programs

2/12/07
(Date)

I certify that the SSA Data Integrity Board approved this Agreement.

BY: Manuel J. Vaz
Manuel J. Vaz
Acting Chairman
Data Integrity Board

3-27-2007
(Date)

XXI. Signatures

The signatories below warrant and represent that they have the competent authority on behalf of their respective agencies to enter into the obligations set forth in this Agreement. The authorized officials whose signatures appear below have committed their respective agencies to the terms of this Agreement effective this ___day of _____, 2007.

SOCIAL SECURITY ADMINISTRATION:

Peter D. Spencer
San Francisco Regional Commissioner

CALIFORNIA DEPARTMENT OF HEALTH SERVICES (CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES):

Stan Rosenstein
Deputy Director, Medical Care Services

I, Roberta Ward, certify that I am the legal counsel for the Agency of the State of California; that Stan Rosenstein, who signed this agreement on behalf of the State Agency, was then Deputy Director, Medical Care Services, of said State Agency, and that he is authorized to enter into agreements of this nature on behalf of the State Agency and that there is authority under the laws of the State of California to carry out all the functions to be performed by the State Agency as provided herein and comply with the terms of this agreement.

Roberta Ward
Department of Health Care Services – Privacy Officer and Senior Counsel

- Attachment A - Disclosure of Information in Possession of Agency [section 1106 of the Social Security Act (42 U.S.C. § 1306)]
- Attachment B - Data elements (in record layout format)
- Attachment C - Information System Security Guidelines for Federal, State and Local Agencies Receiving Electronic Information from the Social Security Administration
- Attachment D - Worksheet for Reporting Loss or Potential Loss of PII

Attachment A

DISCLOSURE OF INFORMATION IN POSSESSION OF AGENCY^[11]

SEC. 1106. [42 U.S.C. 1306] (a)(1) No disclosure of any return or portion of a return (including information returns and other written statements) filed with the Commissioner of Internal Revenue under title VIII of the Social Security Act or under subchapter E of chapter 1 or subchapter A of chapter 9 of the Internal Revenue Code^[12], or under regulations made under authority thereof, which has been transmitted to the head of the applicable agency by the Commissioner of Internal Revenue, or of any file, record, report, or other paper, or any information, obtained at any time by the head of the applicable agency or by any officer or employee of the applicable agency in the course of discharging the duties of the head of the applicable agency under this Act, and no disclosure of any such file, record, report, or other paper, or information, obtained at any time by any person from the head of the applicable agency or from any officer or employee of the applicable agency, shall be made except as the head of the applicable agency may by regulations prescribe and except as otherwise provided by Federal law. Any person who shall violate any provision of this section shall be deemed guilty of a felony and, upon conviction thereof, shall be punished by a fine not exceeding \$10,000 for each occurrence of a violation, or by imprisonment not exceeding 5 years, or both.

(2) For purposes of this subsection and subsection (b), the term "applicable agency" means--

(A) the Social Security Administration, with respect to matter transmitted to or obtained by such Administration or matter disclosed by such Administration, or

(B) the applicable agency, with respect to matter transmitted to or obtained by such Department or matter disclosed by such Department.

(b) Requests for information, disclosure of which is authorized by regulations prescribed pursuant to subsection (a) of this section, and requests for services, may, subject to such limitations as may be prescribed by the head of the applicable agency to avoid undue interference with his functions under this Act, be complied with if the agency, person, or organization making the request agrees to pay for the information or services requested in such amount, if any (not exceeding the cost of furnishing the information or services), as may be determined by the head of the applicable agency. Payments for information or services furnished pursuant to this section shall be made in advance or by way of reimbursement, as may be requested by the head of the applicable agency, and shall be deposited in the Treasury as a special deposit to be used to reimburse the appropriations (including authorizations to make expenditures from the Federal Old-Age and Survivors Insurance Trust Fund, the Federal Disability Insurance Trust Fund, the Federal Hospital Insurance Trust Fund, and the Federal Supplementary Medical Insurance Trust Fund) for the unit or units of the applicable agency which furnished the information or services. Notwithstanding the preceding provisions of this subsection, requests for information made pursuant to the provisions of part D of title IV of this Act for the purpose of using Federal records for locating parents shall be complied with and the cost incurred in providing such information shall be paid for as provided in such part D of title IV.

(c) Notwithstanding sections 552 and 552a of title 5, United States Code^[13], or any other provision of law, whenever the Commissioner of Social Security or the Secretary determines that a request for information is made in order to assist a party in interest (as defined in section 3 of the Employee Retirement Income Security Act of 1974^[14] (29 U.S.C. 1002)) with respect to the administration of an employee benefit plan (as so defined), or is made for any other purpose not directly related to the administration of the program or programs under this Act to which such information relates, such Commissioner or Secretary may require the requester to pay the full cost, as determined by the such Commissioner or Secretary, of providing such information.

(d) Notwithstanding any other provision of this section, in any case in which--

(1) information regarding whether an individual is shown on the records of the Commissioner of Social Security as being alive or deceased is requested from the Commissioner for purposes of epidemiological or similar research which the Commissioner in consultation with the Secretary of Health and Human Services finds may reasonably be expected to contribute to a national health interest, and

(2) the requester agrees to reimburse the Commissioner for providing such information and to comply with limitations on safeguarding and rerelease or redisclosure of such information as may be specified by the Commissioner,

the Commissioner shall comply with such request, except to the extent that compliance with such request would constitute a violation of the terms of any contract entered into under section [205\(r\)](#).

(e) Notwithstanding any other provision of this section the Secretary shall make available to each State agency operating a program under title XIX and shall, subject to the limitations contained in subsection (e)^{[\[15\]](#)}, make available for public inspection in readily accessible form and fashion, the following official reports (not including, however, references to any internal tolerance rules and practices that may be contained therein, internal working papers or other informal memoranda) dealing with the operation of the health programs established by titles XVIII and XIX--

(1) individual contractor performance reviews and other formal evaluations of the performance of carriers, intermediaries, and State agencies, including the reports of follow-up reviews;

(2) comparative evaluations of the performance of such contractors, including comparisons of either overall performance or of any particular aspect of contractor operation; and

(3) program validation survey reports and other formal evaluations of the performance of providers of services, including the reports of follow-up reviews, except that such reports shall not identify individual patients, individual health care practitioners, or other individuals.

(f) No report described in subsection (e) shall be made public by the Secretary or the State title XIX agency until the contractor or provider of services whose performance is being evaluated has had a reasonable opportunity (not exceeding 60 days) to review such report and to offer comments pertinent parts of which may be incorporated in the public report; nor shall the Secretary be required to include in any such report information with respect to any deficiency (or improper practice or procedures) which is known by the Secretary to have been fully corrected, within 60 days of the date such deficiency was first brought to the attention of such contractor or provider of services, as the case may be.

^{[\[11\]](#)} See Vol. II, 5 U.S.C. 552(b)(3), with respect to information available to the public from agencies; and 5 U.S.C. 8347(m)(3), with respect to disclosure of information to the Office of Personnel Management.

See Vol. II, 38 U.S.C. 5317 and 5318 with respect to Veterans' Benefits information.

See Vol. II, P.L. 83-591, §6103(l)(1), with respect to disclosure of returns and return information by the Secretary of the Treasury to the Social Security Administration; and §7213(a)(1), with respect to the penalty for unauthorized disclosure of that tax return information.

See Vol. II, P.L. 88-525, §11(e)(19), with respect to requesting and exchanging information for purposes of verifying income and eligibility for food stamps.

See Vol. II, P.L. 97-253, §307(f), with respect to supplying information about civil service annuitants.

^{[\[12\]](#)} P.L. 76-1. Should refer, instead, to P.L. 83-591, Subtitles A and C.

^{[\[13\]](#)} See Vol. II, Title 5.

^{[\[14\]](#)} See Vol. II, P.L. 93-406.

^{[\[15\]](#)} As in original. Probably should be "subsection f".

ATTACHMENT B

DATA FIELDS - ABRIDGED

BENDEX -Last revised 02/23/2007

PARTS OF THE BENDATA RECORD

A. BENDATA FILE LAYOUT

| Field Name | Field Length | Position Number |
|-----------------------------------|---------------------|------------------------|
| SSN OR CAN +BIC | 11 | 1-11 |
| EARNINGS REQUEST CODE | 1 | 12 |
| SURNAME | 12 | 13-24 |
| GIVEN NAME | 7 | 25-31 |
| MIDDLE INITIAL | 1 | 32 |
| SEX | 1 | 33 |
| DATE OF BIRTH | 8 | 34-41 |
| BLANK | 3 | 42-44 |
| AGENCY CODE | 3 | 45-47 |
| BLANK | 2 | 48-49 |
| CATEGORY OF ASSISTANCE CODE | 1 | 50 |
| DIRECT WIRE INPUT | 1 | 51 |
| DATE OF DEATH | 8 | 52-59 |
| STATE COMMUNICATIO N CODE | 3 | 60-62 |
| IEVS AGENCY SUBCODE | 4 | 63-66 |
| BLANK | 1 | 67 |
| STATE CONTROL DATA | 12 | 68-79 |
| BLANK | 1 | 80 |

B. DESCRIPTION OF BENDATA FIELDS

This chart identifies each field and the information it contains.

| POSITION# | DATA ELEMENT | VALUES | DESCRIPTION |
|-----------|------------------------------------|-------------------------|--|
| 1-09 | SSN or CAN (Mandatory Field) | 1-9 Numeric | Either the SSN assigned to an individual or CAN, the account number the benefit is filed under. |
| 10-11 | BIC | 10-11 Alpha/ Numeric | Designates the type of SSA benefit received or filed for. 1-11 is composed of the SSN of the insured followed by a left-justified BIC. Example: 244525699B2 244525699T Not-acceptable example: all zeros, all blanks or ----579335A References: List of SSA BIC Codes, 10801.820 |
| 12 | Earnings Request | E OR B Blank | NOTE: If inputting a CAN, and an auxiliary beneficiary is involved, the BIC must be shown. If inputting SSN for a primary beneficiary, the BIC can be left blank. E= Earnings request only B= both earnings request and BENDEX data exchange. If the code is "E" or "B" then an earnings request will go to the state BEER file. Leave blank if no earnings data is desired. |
| 13-24 | Surname (Mandatory Field) | Alpha | Left justified if fewer than 12 positions are needed. |
| 25-31 | Given Name (Mandatory Field) | Alpha | Left justified if fewer than 7 positions. |
| 32 | Middle Initial | Alpha | Self-explanatory |
| 33 | Sex | M F | Male Female |
| 34-41 | Date of Birth (Mandatory Field) | Numeric (MMDDCCYY) | Examples: 08281948 08001948 All zeros "00000000" are acceptable if unknown |
| 42-44 | Reserved | Blank | |
| 45-47 | Agency Code (Mandatory Field) | Numeric | Reference: State Agency Codes, SM 10801.250 |
| 48-49 | Reserved | Blank | |

| | | | |
|-------|---|---|---|
| 50 | Category of Assistance Code (Mandatory Field) | A B C D F H I J K N P S U | Aid to the Aged Aid to the Blind Temporary Assistance to Needy Families Aid to the Disabled Food Stamps Health Maintenance, Buy-In or Attempted Buy-In Income Maintenance TANF and FS Medicaid and Food Stamps Title XIX, Medicaid Determination Child Support Enforcement Written Statement of Consent of Individual Unemployment Compensation |
| 51 | Direct Wire Input (Internal SSA use only)Do not manually input | W | Record submitted thru SVES. (Internal SSA use only) STATES SHOULD LEAVE THIS FIELD BLANK. |
| 52-59 | Date of Death | Numeric (MMDDCCYY) | Alleged or invalid data should not be entered. See DPA and DTH in positions 60-62. This field is optional. |
| 60-62 | State Communication Code (Mandatory Field) | BDA DPA DTH | Used to initiate BENDEX data exchange, re-accrete or to change positions 50 and/or 68-79. Deletes BENDEX data exchange and or earning request- recipient is no longer eligible for public assistance or death is alleged. Deletes BENDEX data exchange and or earning request- evidence of death or reliable information is on file. |
| 63-66 | IEVS Agency Sub code (optional) | Alpha-Numeric | Up to 4 one-position identification codes assigned by coordinating State agency to identify the requesting State agency. This data is not maintained by the BENDEX System and will only be displayed on direct input responses. |

| | | | |
|-------|--------------------|---------------|---|
| 67 | Reserved | Blank | |
| 68-79 | State Control Data | Alpha-Numeric | State identification or welfare case number. Alpha- numeric or packed data may be used. Binary data are not acceptable. |
| 80 | Reserved | Blank | |

Note: The mandatory fields, identified above, must be present on every record, in order for your data exchange transaction request to process and avoid exception.

If the BENDATA earnings request indicator code in position 12 is set to “E” or “B” then a finder is input to the Beneficiary Earnings Exchange Data System BEERTAP process for an earnings request reply to go to the appropriate state BEER file.

PARTS OF THE BENDEX RECORD

A. BENDEX RECORD LAYOUT

DESCRIPTION of BENDEX FIELDS This section identifies the data tag name, each position number and a brief explanation of the information it contains.

| POSITION # | DATA ELEMENT | VALUES | DESCRIPTION |
|------------|--------------|------------------------|---|
| 1-9 | CAN/SSN | Numeric Numeric | Claim number under which SSA benefit is filed. <ul style="list-style-type: none"> Recipient's own SSN when they are a primary beneficiary. In this situation the CAN is equal to the BOAN/SSN plus the BIC. If the beneficiary is receiving benefits as an auxiliary or spouse on someone else’s account, the CAN does not equal the BOAN/SSN When SUR UNM records are returned with the State input SSN in positions 71-79, the CAN displayed here is probably an unrelated cross-reference number and should not be used to overlay an SSN you previously validated. See 10801.600. |
| 10-11 | BIC | Alpha-Numeric codes | Identifies the type of benefit received. See 10801.820 for values and explanations. |
| 12-31 | BLN- | Alpha | Left justified if fewer than 20 positions. |

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|---------|--------------------------------------|--------------------|--|
| 32-46 | Beneficiary Last Name BGN- | Alpha | Left justified if fewer than 15 positions. |
| 47-61 | Beneficiary Given Name BMN- | Alpha | Left justified if fewer than 15 positions. |
| 62-65 | Beneficiary Middle Name BSN- | Alpha | Left justified if fewer than 4 positions. |
| 66 | Beneficiary Suffix Name Sex | Alpha | Matched records will display the SSA sex code M-male or F- female. |
| 67-88 | Payee Name and Address line-1 | Alpha /numeric | 22 Positions payee name and address data (variable field) |
| 89-110 | Payee Name and Address line-2 | Alpha /numeric | 22 Positions payee name and address data (variable field) |
| 111-132 | Payee Name and Address line-3 | Alpha /numeric | 22 Positions payee name and address data (variable field) |
| 133-154 | Payee Name and Address line-4 | Alpha /numeric | 22 Positions payee name and address data (variable field) |
| 155-176 | Payee Name and Address line-5 | Alpha /numeric | 22 Positions payee name and address data (variable field) |
| 177-198 | Payee Name and Address line-6 | Alpha /numeric | 22 Positions payee name and address data (variable field) |
| 199-203 | ZIP Code | | 5 position address ZIP Code |
| 204-208 | FILLER | BLANK | 5 positions for future use |
| 209-213 | State and County Code | Numeric | A five-position code reflecting the residence of the beneficiary. The first two positions represent the State code; the remaining positions are the SSA assigned county codes. |
| 214 | Direct Deposit Indicator (DAN) | C or S or blank | Reflects the type of account to which payment is being deposited. C= Checking account S= Savings account Blank when no direct deposit |
| 215-217 | Agency Code | Numeric | Three position State Agency Codes, 10801.250 |

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| 218 | Source Code | A | Request originated from State's attempt to buy-in for a disabled person who is in the 24-month SMI- waiting period. |
| | | B | Request originated as a result of State buy-in activity. |
| | | C | Response generated by SSA to report a change. |
| | | D | Request originated from direct submission by a State. |
| | | R | Reimplementation response generated by SSA at the request of the State. |
| 219 | Category of Assistance Code | Alpha | The most recent code submitted by a State on the BENDATA input file. See 10801.060 |
| | | Blank | An invalid code was received from the buy-in system. A blank was annotated to the MBR. |
| 220 | DWI Code | W Blank | Record submitted through SVES. Not applicable. |
| 221 | Earnings Request Indicator | E or B | E-Earnings information was requested. B-Both Earnings information and BENDEX was requested. Earnings information will be released on the BEER record. |
| 222-233 | State Control Data | Alpha-Numeric or packed decimal characters | <ul style="list-style-type: none"> • State identification or welfare case number entered on BENDATA record. • Nine digit SSN and three digit SSA county code of residence for automatic buy-in of SSI recipients. • When Source Code (Position # 218) is equal to "C", the data previously annotated to the MBR. <p>See 10801.130.</p> |

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| 234-237 | IEVS Agency Sub code (This data element originates from the BENDATA record and is not maintained by SSA.) | Alpha-Numeric | Up to 4 codes assigned by the coordinating agency that identifies the requesting agency to which the data is to be released. This field is optional. |
| 238-239 | Old BIC | Alpha-Numeric | <ul style="list-style-type: none"> State input BIC is incorrect and differs from the MBR BIC or Change in type of SSA benefit received. |
| | | Blank | <ul style="list-style-type: none"> State did not furnish a BIC, or Data input by State agrees with SSA record. |
| 240-248 | SSN | Numeric | <ul style="list-style-type: none"> The SSN furnished on the State's BENDATA record; or The BOSSN. |
| | | Blank | <ul style="list-style-type: none"> The record was not acceptable or the SSN is not available. |
| 249-250 | Payment Status Code (LAF) | Alpha-Numeric | NOTE: The SSN may be unverified. A one or two- position code reflecting the SSA payment status for this beneficiary. This payment status code and the effective date determines if entitlement is current and overrides any other entitlement factors. |
| | Adjustment: | AD AS A9 | Adjusted for dual- entitlement Adjusted for simultaneous entitlement All other adjustment actions. |
| | Current Payment: | CP | Current Payment Status Code. |
| | RRB Involvement | E | RRB paying benefits |
| | Current Payment, Advance Filing Deferred | CA DP DW | Claim has been adjudicated; Entitlement is a future date. See positions 89-94. Receipt of public assistance. Receipt of worker's compensation. |

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| D1 | Engaging in foreign work. |
| D2 | Beneficiary overpaid because of work. |
| D3 | Auxiliary's benefits withheld because of D2 status for primary beneficiary. |
| D4 | Failure to have child in care. |
| D5 | Auxiliary's benefits withheld because of a D1 status for primary beneficiary. |
| D6 | Deferred to recover overpayment for reason not attributable to earnings. |
| D9 | Miscellaneous deferment |

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| Denied: | N | Disallowed claim |
| | ND | Disability claim denied. |
| Delayed: | K | Advanced filing for deferred payment. |
| | L | Advanced filing |
| | P | Adjudication pending. |
| | PB | Benefits delayed, due but not paid. |
| | PT | Claim terminated from delayed status. |
| | R | Kill Credit (deletes payment record) |
| Suspended: | S0 | Determination of continuing disability is pending. |
| | S1 | Beneficiary engaged in work outside the U.S. |
| | S2 | Beneficiary is working in the U.S. and expects to earn in excess of annual allowable limit. |
| | S3 | Auxiliary's benefits withheld because of S2 status of primary beneficiary. |
| | S4 | Failure to have child in care. |
| | S5 | Auxiliary's benefits withheld due to S1 status for primary beneficiary. |
| | S6 | Check was returned - correct address being developed. |
| | S7 | Disabled beneficiary suspended due to refusal of vocational rehabilitation; imprisoned; extended trial work period. |
| | S8 | Suspended while payee is being determined. |
| | S9 | Suspended for reason not separately defined. |
| | SD | Technical entitlement only. Beneficiary is entitled on another claim. |
| | SF | Special age 72 beneficiary fails to meet residency requirement. |
| | SH | Special age 72 beneficiary is receiving a Government pension. |
| | SJ | Alien suspension |
| | SK | Beneficiary has been deported. |
| | SL | Beneficiary resides in a country to which checks cannot be sent. |
| SM | Beneficiary refused cash benefits (entitled to HI-SMI only). | |
| SP | Special age 72 beneficiary suspended due to receiving public assistance. | |
| SS | Post secondary student summer suspension. | |
| SW | Suspended because of worker's compensation. | |

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| Terminated: | TA | Terminated prior to entitlement. |
| | TB | Mother, father terminated because beneficiary is entitled to disabled widow(er)'s benefits. |
| | TC | Disabled widow attained age 62 and is not entitled as an aged widow. |
| | TJ | Advanced-filed claim terminated after maturity. |
| | TL | Termination of post secondary student. |
| | TP | Terminated because of change in type of benefit or post-entitlement action. |
| | T | Converted from disability benefits to retirement benefits upon reaching age 65. |
| | T0 | Benefits are payable by some other agency. |
| | T1 | Terminated due to death of the beneficiary. |
| | T2 | Auxiliary terminated due to death of the primary. |
| | T3 | Terminated due to divorce, marriage or remarriage of the beneficiary. |
| | T4 | Child attained age 18 or 22 and is not disabled; mother/father terminated because last child attained age 18. |
| | T5 | Beneficiary entitled to other benefits equal or larger. |
| | T6 | Child is no longer a student or disabled; or the last entitled child died or married. |
| | T7 | Child beneficiary was adopted. |
| T8 | Primary beneficiary no longer disabled or the last disabled child no longer disabled. | |
| T9 | Terminated for reason not separately defined. | |
| Uninsured: | U | Beneficiary is entitled only to HI or SMI. |
| Withdrawal: | W | Withdrawal before entitlement. |
| Other adjustment or termination status: | X0 | Claim transferred to RRB. |
| | X1 | Beneficiary died. |
| | X5 | Entitled to other benefits. |
| | X7 | HIB/SMIB terminated. |
| | X8 | Payee is being developed. |
| | X9 | Terminated for reason not separately defined. |
| | XD | Withdrawn for adjustment |
| | XK | Deportation |
| | XR | Withdraw from SMIB. |

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|--------------------|--|--|--|
| 251-256 | DOEI-Date of Entitlement Initial | Numeric (MMCCYY) | Initial entitlement date to SSA benefits. If different from DOEC, this may indicate that the beneficiary has more than one period of entitlement. |
| 257-262 | DOEC-Date of Entitlement Current | Numeric (MMCCYY) | Current entitlement date to SSA benefits. |
| 263-268 | DDO- Date of Disability Onset | Numeric (MMCCYY) | If no date is present then either disability is not involved or the onset was prior to 1975. |
| 269-271 272-279 | Filler Date of Birth | Blank Numeric (MMDDCCYY) | 3 POSITIONS FOR FUTURE USE See 10801.265 |
| 280 | Proof of Birth Indicator | Alpha | P = proven Blank = not proven |
| 281-288 | Beneficiary Date of Death | Numeric (MMDDCCYY) | Month, day, century and year of death. |
| 289 | Proof of Death Code | Alpha | P = proven Blank = not proven |
| 290-297 | Communication Code Codes for fully processed records: | Alpha-Numeric WAS XXX (XXX = state code from the old MBR) | Codes derived by the BENDEX SYSTEM to help the state interpret the data received. BENDEX exchange is transferred to your agency: Agency XXX (XXX = state code from the old MBR) will no longer receive BENDEX exchange. (Remark sent to the state submitting a "BPA" BENDATA file) See CF XXX below. |
| | | MATCHED | SSN FOUND. Current data was extracted from the MBR. |
| | | REP PAYE | This is a fully processed record with current data extracted from the MBR. The check is payable to a Representative Payee for the beneficiary. |
| | | FIN MMY (MMYY equals date of termination) | The benefits for this beneficiary terminated for the month indicated. If earnings data was requested, it will be sent. If positions 249-250 are T1, this date reflects the month and year of death. |

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| CHILD SP | This is the initial child support enforcement inquiry for this beneficiary. |
| XREF NUM | Beneficiary is terminated on this record; there is no cross-reference MBR or other entitlement. |
| UTL XREF | Pertinent data was extracted on this claim number. No additional MBR data has been located, for a cross- reference account number. |

ENFORXXX
(XXX = state
code from
BENDATA
file)

For your information, another state agency
XXX (XXX = state code from BENDATA
file) has made a child support enforcement
inquiry on this beneficiary. (Remark sent to
the current data exchange agency on the
MBR) Jurisdiction is not changed.

JURISXXX
(XXX = state
code from the
MBR)

You have made a child support enforcement
inquiry for this beneficiary. Agency XXX
(XXX = state code from MBR) has ongoing
BENDEX jurisdiction. (Remark sent to the
state submitting a BENDATA file with a "P"
in CAC)

CF XXX (XXX
= state code
from
BENDATA
file)

This is the last BENDEX record you will
receive for this individual. BENDEX
exchange was transferred to agency XXX
(XXX = state code from BENDATA file). If
there is a conflict, case should be reviewed for
investigation of possible fraud. (Remark sent
to the old data exchange agency on the MBR)

This code is generated where:

- A direct input and a buy-in accretion are received from different States. The buy-in State will receive the CF record.
- Two direct input accretions are received from different States. The nonresident State will receive the CF record. Residency is determined by positions 232-236 below.
- A single direct input accretion is received from another State. BENDEX exchange was transferred to agency XXX. (Positions 232-236 were not checked in this situation.) Conflict may be the result of address change, split household or possible fraud.

NOTITLE2

Recipient is not entitled to SSA benefits. No benefit record found for this account number. Beneficiary was deleted from State's buy-in account and BENDEX exchange is no longer appropriate. If recipient is eligible under some

Codes for
records without
MBR data:

B-I TERM

| | |
|--|---|
| | other program, you should submit a direct input accretion. |
| DELETED | A direct input record was processed with communication code DPA or DTH. |
| NODELXXX (XXX = state code from the MBR) | You requested deletion of a beneficiary for which another State has jurisdiction. Your request conflicts with Agency XXX (XXX = state code from the MBR). Case review may be appropriate. (Remark sent to the state submitting a "DTH" OR "DPA" BENDATA file) |
| DIEDMMYY (MMYY equals date of death from MBR) | The number holder on this account is deceased. There are no known survivors; death payment only. If the State's surname does not match the MBR surname, the code SUR UNM is generated. |
| DOB UNM | There are at least two beneficiaries with the same surname and the DOB match could not be made. See 10801.265. |
| GIV UNM | A beneficiary on this claim matches the surname, however, the first name and DOB do not match or the recipient may be on our MBR under a different surname. See 10801.265. |
| SUR UNM | The recipient's surname is different from the beneficiaries on this claim, but the first name and DOB match; or the input SSN was not correct. The recipient may have a different surname on our MBR. See 10801.265. |
| NO AUTH | Category of Assistance Code (position 50) on the BENDATA record was invalid or blank. If SVES was input (position 68) CAC was invalid. |
| NO DEX | Your record was dropped because another state with a lower agency code was input simultaneously. Re-evaluate your jurisdiction and re input. |
| BOAN UNM | This SSN was submitted by direct wire input |

and a match could not be made. You may need to submit a SSA-1610 to the local SSAFO.

NO FILE

CAN/SSN is not on MBR.

IMP CAN

The SSN/CAN on the BENDATA record is invalid or impossible, or has not been issued by SSA.

NONEXAMPLES: 000000000

579335WA

IMP CODE

Positions 60-62 on the BENDATA record are invalid or blank.

298-300

Blank

Filler

3 POSITIONS FOR FUTURE USE

301-306

Effective Date

Numeric-
MMCCYY

Payment History current effective date of
current payment

| | | | |
|---------|----------------------------------|--|--|
| 307-311 | Monthly Benefit Payable (MBP) | Numeric \$\$\$\$¢ 000000 Blank | The current net amount due after deductions. Note: Money amounts are still displayed where the beneficiary was previously entitled but is in a nonpayment status (check Payment Status Code). Zeros normally appear if the beneficiary was denied benefits. Entry is not applicable. |
| 312-316 | Gross Amount Payable (MBA) | Numeric \$\$\$\$¢ | The monthly SSA benefit due before collection of SMI premium, overpayment, attorney fees or unpaid maritime tax. |
| 317-321 | Net Monthly Benefit Amount (MBC) | Numeric \$\$\$\$¢ | The actual money amount payable before SMI deductions after dollar rounding. |
| 322-324 | Filler | Blank | 3 POSITIONS FOR FUTURE USE |
| 325-333 | Verified BOAN | Numeric | Beneficiary's own verified Account Number |
| 334 | MED STAT | Alpha | Indicates the account from which Medicare premiums are being deducted. A= active paying account or blank indicates that premiums are deducted from this account. I= inactive, premiums not deducted from this account. |
| 335-343 | Dual Entitlement SSN | ALPHA-Numeric | The other SSN under which the beneficiary is entitled. Spaces if not available. |
| 344-345 | Dual Entitlement BIC | Alpha-Numeric | Indicates the type of benefit to which the beneficiary is dually or technically entitled. |
| 346 | Dual Entitlement Indicator | Alpha | D-Dual Entitlement; T-Triple Entitlement; Blank-No other entitlement. |
| 347-355 | Triple Entitlement SSN | Alpha-Numeric | The third account on which the other entitlement exists for Title II benefits. Spaces if blank |
| 356-357 | Triple Entitlement BIC | Alpha-Numeric | Indicates the type of benefit to which the beneficiary is entitled. |
| 358-366 | Cross Reference SSN | Alpha-Numeric | The account on which actual or potential entitlement exists. If a dual entitlement account number is provided and it is equal to the Cross Reference SSN, this field will be blank. Spaces if blank. |

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|---------|---------------------------------|------------------------|---|
| 367-368 | Cross Reference BIC | Alpha-Numeric | Indicates the type of other Title II benefit. If a dual entitlement BIC is provided and it is equal to the Cross Reference BIC, this field will be blank. |
| 369-374 | Record Processing Date | Numeric date MMDDYY | The date when BENDEX operations were processed. |
| 375-376 | Blank | Filler | 2 Positions for future use |
| 377 | Payment Cycling Indicator | Numeric | Indicates when the benefit check was released |

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|--------------------|-------------------------------|------------------------------|---|
| 378-384 | Retro Payment Amount | Numeric \$\$\$\$\$cc | Amount of underpayment for a beneficiary. A beneficiary receiving directed installments or any beneficiary receiving Title II benefits. This could be a premium refund. |
| 385-390 | Ending Date for OP DED | Numeric- MMCCYY | The month, century and year that overpayment recovery will cease. Benefits will be resumed at the full rate the following month. |
| 391-393 394-399 | Blank SSI Ent/Term Date | Filler Numeric- MMCCYY | 3 POSITIONS FOR FUTURE USE The month of first payment or the month following the month of last payment. |
| 400 | SSI Status Code | Alpha | Reflects the beneficiary's status in the SSI program. |
| | | A | Individual eligible for SSI and not eligible for Medicaid or third party buy- in. |
| | | B | Terminated due to excess income resulting from title II benefit rate increases. |
| | | C | Conditional SSI payment. |
| | | D | Denied |
| | | E | Receives Federal payment |
| | | G | SSI recipient engaging in SGA; not eligible for special SSI payment; retains eligibility for titles XIX and XX. |
| | | I | Ineligible spouse or parent, or essential person. |
| | | M | SSI recipient engaging in SGA; eligible for special SSI. |
| | | P | Pending SSI determination. |
| | | S | Receives State supplement. |
| | | T | Terminated for reasons not specifically defined. |
| | | U | Terminated due to death; source of report unknown. |
| | | V | Terminated via T30 procedure; not reaccreted. |
| | | W | State supplement terminated (no longer used) |
| | | X | Terminated due to death. |
| | | Y | Terminated due to excess income. |
| | | Z | Terminated due to excess resources. |

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|---------|-----------------------------------|-----------------------|--|
| 401-403 | Blank | Filler | 3 POSITIONS FOR FUTURE USE |
| 404-414 | RR Claim Number | Alpha-Numeric | RRB claim account number. This number is not valid for entering in BENDATA records. |
| 415 | RR Status Code | Alpha | One letter code to indicate the status of Railroad Claim: A-indicates a current payment; T-indicates Railroad benefit terminated. NOTE: Obsolete codes F or S may appear on old records. |
| 416-421 | RRB Jurisdiction Start | Numeric- MMCCYY | Shows the date the number holder's Railroad Annuitant claim was effective. |
| 422-427 | RRB Jurisdiction Stop | Numeric- MMCCYY | Shows the date the number holder's Railroad Annuitant's benefits stopped. |
| 428-430 | Blank | Filler | 3 POSITIONS FOR FUTURE USE |
| 431-435 | Monthly OP Ded Amt | Numeric- \$\$\$\$c | Reflects the monthly amount withheld from the benefits to recover an overpayment. |
| 436-440 | SSI Overpmt Amt Withheld | Numeric- \$\$\$\$c | Shows the amount the number holder was overpaid in SSI benefits. Sometimes a number holder receives SSI benefits prior to receiving SSA benefits. Once the SSA benefits are awarded, a portion of the SSI benefits can be withheld. This withholding amount is separate and in addition to the Monthly OP Ded Amt above. |
| 441-445 | Garnishment Amount Withheld | Numeric- \$\$\$\$c | The amount of money withheld from the monthly payment to satisfy a court ordered garnishment. This withholding amount is separate and in addition to any Monthly OP Ded Amt above. |
| 446-448 | Blank | Filler | 3 POSITIONS FOR FUTURE USE |
| 449-454 | HI Conts Period | Numeric- MMCCYY | Earliest continuous date of entitlement to HI regardless of basis type |
| 455 | *Number of HI Occurrences | Numeric | Number of periods the number holder has for Hospital Insurance. Valid entries are '1', '2' or '3' |
| 456-460 | HI Premium Amount | Numeric- \$\$\$\$c | The amount withheld for HI part A Medicare coverage, when Health Insurance is premium HI |
| 461-463 | Blank | Filler | 3 POSITIONS FOR FUTURE USE |

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|---------|-----------------------|----------------|--|
| 464-469 | *First HI Start Date | Numeric-MMCCYY | Start date for the basis type |
| 470-475 | First HI Term Date | Numeric-MMCCYY | Effective date for the first month of non-coverage of the previous period of HI. An example: A date of 052001 means that the last day of HI coverage was 04/30/01. |
| 476 | HI Basis | Alpha | Valid entries- 'A' for Age; 'D' for Disabled; 'E' for End Stage Renal and 'W' for Working Disabled. |
| 477 | HI NON COVERED REASON | Alpha | A -Age 65 convert, C -DIB ceased, D- Denied, I -Invalid enroll, Q- Uninsured to insured, R -Refusal, N- No longer renal, P- Premium nonpayment, U- Unknown, V- Voided enrollment, W- Enrollment withdrawal, S- No SMI coverage, T -T2 Term, X - Withdrawal of application |
| 478 | HI TYPE | Alpha | F- Free, P- Premium HI |
| 479 | HI PERIOD | | A -Annual Enrollment Period, D- Initial Enrollment Period based on same or related DIB impairment, G- General Enrollment Period, I -Initial Enrollment Period, N -Not within any enrollment period, Q- Qualified Medicare Beneficiary enrollment, R- Reinstated following appeal, S -Special Enrollment Period, T -Transfer, U - Unknown, X -Enrollment based on EBO provisional, W- No Medicare waiting period. |
| 480-482 | Blank | Filler | 3 POSITIONS FOR FUTURE USE |
| 483-488 | *Second HI Start Date | Numeric-MMCCYY | Second HI Start Date for this Basis type. |
| 489-494 | Second HI Term Date | Numeric-MMCCYY | The second period when HI was terminated for this Basis type. |
| 495 | HI BASIS | Alpha | Valid entries- 'A' for Age; 'D' for Disabled; 'E' for End Stage Renal and 'W' for Working Disabled. |
| 496 | HI NON COVERED REASON | Alpha | A -Age 65 convert, C -DIB ceased, D- Denied, I -Invalid enroll, Q- Uninsured to insured, R -Refusal, N- No longer renal, P- Premium nonpayment, U- Unknown, V- Voided enrollment, W- Enrollment withdrawal, |

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|---------|---------------------------------------|-----------------------|--|
| 497-499 | Blank | Filler | S- No SMI coverage, T -T2 Term, X - Withdrawal of application |
| 500-505 | *Third HI Start Date | Numeric- MMCCYY | 3 POSITIONS FOR FUTURE USE Third HI Start Date for this Basis type. |
| 506-511 | Third HI Term Date | Numeric- MMCCYY | The third period when HI was terminated for this Basis type. |
| 512 | HI BASIS | Alpha | Valid entries- 'A' for Age; 'D' for Disabled; 'E' for End Stage Renal and 'W' for Working Disabled. |
| 513 | HI NON COVERED REASON | Alpha | A -Age 65 convert, C -DIB ceased, D- Denied, I -Invalid enroll, Q- Uninsured to insured, R -Refusal, N- No longer renal, P- Premium nonpayment, U- Unknown, V- Voided enrollment, W- Enrollment withdrawal, S- No SMI coverage, T -T2 Term, X - Withdrawal of application |
| 514-516 | Blank | Filler | 3 POSITIONS RESERVED FOR FUTURE USE |
| 517-519 | HI THIRD PARTY PREMIUM PAYER | | HI Third party payer code S01-S99 = state billing, T01-Z98 = Private third party billing, Z99 = Conditional state group payer |
| 520-525 | HI THIRD PARTY START DATE | Numeric- MMCCYY | The effective date of the HI third party premium payer |
| 526-531 | HI THIRD PARTY STOP DATE | Numeric- MMCCYY | The date the HI third party premium payment stopped. |
| 532 | HI THIRD PARTY CATEGORY | Alpha | S- state, P- Private, Q- QMB Conditional |
| 533-535 | Blank | Filler | 3 POSITIONS RESERVED FOR FUTURE USE |
| 536-541 | *SMI CONTS PERIOD | Numeric- MMCCYY | Earliest continuous date of entitlement to SMI regardless of basis type |
| 542 | NUMBER OF SMI OCCURRENC ES | Numeric | Number of periods the number holder has for Supplemental Medical Insurance entitlement. Valid entries are '1', '2' or '3'. |
| 543-547 | SMI PREMIUM AMOUNT | Numeric- \$\$\$\$¢ | The SMI premium amount collectible which could include any additional penalty amount. |
| 548-550 | Blank | Filler | 3 POSITIONS RESERVED FOR FUTURE USE |

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| 551-556 | *First SMI Start Date | Numeric-MMCCYY | USE The effective date of the first period of Supplemental Medical Insurance for the current Basis type. |
| 557-562 | First SMI Term Date | Numeric-MMCCYY | The effective date for which a previous period of Part B coverage was terminated, that is, the first month of non-coverage. EXAMPLE: A date of 02/01 means the last covered month was 01/01, specifically 1/31/2001. |
| 563 | SMI BASIS | Alpha | Valid entries- 'A' for Age; 'D' for Disabled; 'E' for End Stage Renal and 'W' for Working Disabled. |
| 564 | SMI NON COVERED REASON | Alpha | A -Age 65 convert, C -DIB ceased, D-Denied, I -Invalid enroll, Q- Uninsured to insured, R -Refusal, N- No longer renal, P- Premium nonpayment, U- Unknown, V- Voided enrollment, W- Enrollment withdrawal, S- No SMI coverage, T -T2 Term, X - Withdrawal of application |
| 565 | SMI PERIOD | Alpha | A-Annual Enrollment Period, D -Initial EP based on same or related DIB impairment, G -General EP, I -Initial EP, N -Not within any enrollment period, Q- QMB enrollment, R - Reinstated following appeal, S -Special EP, U -Unknown, X- Enrollment based on EBO provisional, W - No Medicare waiting period |
| 566-568 | Blank | Filler | 3 POSITIONS RESERVED FOR FUTURE USE |
| 569-574 | *Second SMI Start Date | Numeric-MMCCYY | The effective date of the second period of Supplemental Medical Insurance for this Basis type. |
| 575-580 | Second SMI Term Date | Numeric-MMCCYY | The date the number holder's second period of Supplemental Medical Insurance ended. |
| 581 | SMI BASIS | ALPHA | Valid entries- 'A' for Age; 'D' for Disabled; 'E' for End Stage Renal and 'W' for Working Disabled. |
| 582 | SMI NON COVERED REASON | ALPHA | A -Age 65 converted, C -DIB ceased, D-Denied, I -Invalid enroll, Q- Uninsured to insured, R -Refusal, N- No longer renal, P- Premium nonpayment, U- Unknown, V- Voided enrollment, W- Enrollment |

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|---------|----------------------------------|-----------------------|--|
| 583-585 | Blank | Filler | withdrawal, S- No SMI coverage, T -T2 Term, X - Withdrawal of application 3 POSITIONS RESERVED FOR FUTURE USE |
| 586-591 | *Third SMI Start Date | Numeric- MMCCYY | The effective date of the third period of Supplemental Medical Insurance for this Basis type. |
| 592-597 | Third SMI Term Date | Numeric- MMCCYY | The date the number holder's third period of Supplemental Medical Insurance ended. |
| 598 | SMI BASIS | ALPHA | Valid entries- 'A' for Age; 'D' for Disabled; 'E' for End Stage Renal and 'W' for Working Disabled. |
| 599 | SMI NON COVERED REASON | ALPHA | A -Age 65 convert, C -DIB ceased, D- Denied, I -Invalid enroll, Q- Uninsured to insured, R -Refusal, N- No longer renal, P- Premium nonpayment, U- Unknown, V- Voided enrollment, W- Enrollment withdrawal, S- No SMI coverage, T -T2 Term, X -Withdrawal of application |
| 600-602 | Blank | Filler | 3 POSITIONS RESERVED FOR FUTURE USE |
| 603-605 | SMI PREMIUM PAYER | Alpha | 010-650- The agency code for the State billed for SMI premium payments. 700- Civil Service OPM. A01-R99- Indicates it is a private payer Group Payer Enrollment. |
| 606-611 | SMI THIRD PARTY START DATE | Numeric- MMCCYY | The date for which a third party accepted liability of first paid Part B premiums. |
| 612-617 | SMI THIRD PARTY STOP DATE | Numeric- MMCCYY | The last month for which a third party no longer accepted liability for Part B premiums. The third party has paid Part B premiums due for the month indicated. |
| 618 | SMI THIRD PARTY CATEGORY | ALPHA | C- Civil, P- Private, S- State |
| 619-621 | Blank | Filler | 3 POSITIONS RESERVED FOR FUTURE USE |
| 622-626 | VARIABLE SMI PREMIUM | Numeric- \$\$\$\$C | An amount lower than the regular amount of Supplemental Medical Insurance premium. |
| 627-632 | VARIABLE SMI START DATE | Numeric- MMCCYY | Variable Supplemental Medical Insurance start date. |

| | | | |
|---------|------------------------------|----------------------|--|
| 633-638 | VARIABLE SMI TERM DATE | Numeric- MMCCYY | Variable Supplemental Medical Insurance term date. |
| 639-644 | *CTZN- START DATE 1 | Numeric- MMCCYY | The first month and year of a client's citizenship began to a particular country. *FIRST OCCURRENCE |
| 645-650 | CTZN-STOP DATE 1 | Numeric- MMCCYY | The last month and year of a client's citizenship ended to a particular country. FIRST OCCURRENCE |
| 651-652 | CTZN- COUNTRY 1 | 2 positions ALPHA | 2 Position country of citizenship FIRST OCCURRENCE See valid country codes section 10801.255 |
| 653 | CTZN-US PROOF 1 | 1 position ALPHA | This position is conditional, based on the country of citizenship being the United States (US). The values are N- not proven, Y- proven, C- presumed Blank- when the country of citizenship is equal to anything other than US. FIRST OCCURRENCE |
| 654-659 | *CTZN- START DATE 2 | Numeric- MMCCYY | The first month and year of a client's citizenship began to a particular country. *SECOND OCCURRENCE |
| 660-665 | CTZN-STOP DATE 2 | Numeric- MMCCYY | The last month and year of a client's citizenship ended to a particular country. SECOND OCCURRENCE |
| 666-667 | CTZN- COUNTRY 2 | 2 positions ALPHA | 2 Position country of citizenship SECOND OCCURRENCE See valid country codes section 10801.255 |
| 668 | CTZN-US PROOF 2 | 1 position ALPHA | This position is conditional, based on the country of citizenship being the United States (US). The values are N- not proven, Y- proven, C- presumed Blank- when the country of citizenship is equal to anything other than US. SECOND OCCURRENCE |
| 669-674 | *CTZN- START DATE 3 | Numeric- MMCCYY | The first month and year of a client's citizenship began to a particular country. THIRD OCCURRENCE |
| 675-680 | CTZN-STOP DATE 3 | Numeric- MMCCYY | The last month and year of a client's citizenship ended to a particular country. THIRD OCCURRENCE |
| 681-682 | CTZN- COUNTRY 3 | ALPHA | 2 Position country of citizenship. THIRD OCCURRENCE See valid country codes section 10801.255 |

| | | | |
|---------|--------------------|--------|---|
| 683 | CTZN-US PROOF 3 | ALPHA | This position is conditional, based on the country of citizenship being the United States (US). The values are N- not proven, Y- proven, C- presumed Blank- when the country of citizenship is equal to anything other than US. THIRD OCCURRENCE |
| 684-800 | Blank | Filler | 117 POSITIONS RESERVED FOR FUTURE USE |

***There are three occurrences provided for the HI, SMI and Citizenship data which begin with the most current/newest period to the older period in that order.**

**B. LIST OF BENDEX
FIELD NAMES AND
RECORD POSITIONS**

Below please find a field length and position number layout of the BENDEX file.

| RECORD POSITION | FIELD NAME | FIELD LENGTH |
|-----------------|--------------------------------------|--------------|
| 1-9 | CAN | 9 |
| 10-11 | BIC | 2 |
| 12-31 | BLN-LAST NAME | 20 |
| 32-46 | BGN-GIVEN NAME | 15 |
| 47-61 | BMN-MIDDLE NAME | 15 |
| 62-65 | BSN-SUFFIX | 4 |
| 66 | SEX | 1 |
| 67-88 | Payee Name and Address LINE 1 | 22 |
| 89-110 | Payee Name and Address LINE 2 | 22 |
| 111-132 | Payee Name and Address LINE 3 | 22 |
| 133-154 | Payee Name and Address LINE 4 | 22 |
| 155-176 | Payee Name and Address LINE 5 | 22 |
| 177-198 | Payee Name and Address LINE 6 | 22 |
| 199-203 | ZIP CODE | 5 |
| 204-208 | BLANK | 5 |
| 209-213 | STATE AND COUNTY CODE | 5 |
| 214 | DIRECT DEPOSIT INDICATOR (C OR S) | 1 |
| 215-217 | AGENCY CODE | 3 |
| 218 | SOURCE CODE | 1 |
| 219 | CATEGORY OF ASSISTANCE CODE | 1 |
| 220 | DWI Code | 1 |
| 221 | EARNINGS REQUEST INDICATOR | 1 |
| 222-233 | STATE CONTROL DATA | 12 |
| 234-237 | IEVS AGENCY SUBCODE | 4 |
| 238-239 | OLD BIC | 2 |
| 240-248 | SOCIAL SECURITY NUMBER | 9 |
| 249-250 | PAYMENT STATUS CODE | 2 |
| 251-256 | DATE OF INITIAL ENTITLEMENT (MMCCYY) | 6 |
| 257-262 | DATE OF CURRENT ENTITLEMENT (MMCCYY) | 6 |
| 263-268 | DISABILITY DATE OF ONSET (MMCCYY) | 6 |
| 269-271 | BLANK | 3 |
| 272-279 | DATE OF BIRTH (MMDDCCYY) | 8 |
| 280 | PROOF OF BIRTH INDICATOR | 1 |
| 281-288 | BDOD (MMDDCCYY) date of death | 8 |

| | | |
|---------|--------------------------------------|----|
| 289 | PODC-proof of death | 1 |
| 290-297 | COMMUNICATION CODE | 8 |
| 298-300 | BLANK | 3 |
| 301-306 | Effective Date (MMCCYY) | 6 |
| 307-311 | MONTHLY BENEFIT PAYABLE (\$\$\$\$¢) | 5 |
| 312-316 | GROSS AMOUNT PAYABLE (\$\$\$\$¢) | 5 |
| 317-321 | NET MONTHLY BENEFIT AMT (\$\$\$\$¢) | 5 |
| 322-324 | BLANK | 3 |
| 325-333 | VERIFIED BOAN | 9 |
| 334 | MED STAT | 1 |
| 335-343 | DUAL ENTITLEMENT SSN | 9 |
| 344-345 | DUAL ENTITLEMENT BIC | 2 |
| 346 | DUAL ENTITLEMENT INDICATOR | 1 |
| 347-355 | TRIPLE ENTITLEMENT SSN | 9 |
| 356-357 | TRIPLE ENTITLEMENT BIC | 2 |
| 358-366 | CROSS REFERENCE SSN | 9 |
| 367-368 | CROSS REFERENCE BIC | 2 |
| 369-374 | RECORD PROCESSING DATE (MMDDYY) | 6 |
| 375-376 | BLANK | 2 |
| 377 | PAYMENT CYCLING INDICATOR | 1 |
| 378-384 | RETRO PAYMENT AMOUNT (\$\$\$\$¢¢) | 7 |
| 385-390 | ENDING DATE FOR OP DED (MMCCYY) | 6 |
| 391-393 | BLANK | 3 |
| 394-399 | SSI ENT/TERM DATE (MMCCYY) | 6 |
| 400 | SSI STATUS CODE | 1 |
| 401-403 | BLANK | 3 |
| 404-414 | RR CLAIM NUMBER | 11 |
| 415 | RR STATUS CODE | 1 |
| 416-421 | RRB JURISDICTION START (MMCCYY) | 6 |
| 422-427 | RRB JURISDICTION STOP (MMCCYY) | 6 |
| 428-430 | BLANK | 3 |
| 431-435 | MONTHLY OP DED AMT (\$\$\$\$¢) | 5 |
| 436-440 | SSI OVERPMT AMT WITHHELD (\$\$\$\$¢) | 5 |
| 441-445 | GARNISHMENT AMT WITHHELD (\$\$\$\$¢) | 5 |
| 446-448 | BLANK | 3 |
| 449-454 | HI CONTS PERIOD (MMCCYY) | 6 |
| 455 | NUMBER OF HI OCCURRENCES | 1 |
| 456-460 | HI PREMIUM AMOUNT (\$\$\$\$¢) | 5 |
| 461-463 | BLANK | 3 |
| 464-469 | *FIRST HI START DATE (MMCCYY) | 6 |
| 470-475 | FIRST HI TERM DATE (MMCCYY) | 6 |
| 476 | HI BASIS | 1 |
| 477 | HI NON COVERED REASON | 1 |

| | | |
|---------|--------------------------------|---|
| 478 | HI TYPE | 1 |
| 479 | HI PERIOD | 1 |
| 480-482 | BLANK | 3 |
| 483-488 | *SECOND HI START DATE (MMCCYY) | 6 |
| 489-494 | SECOND HI TERM DATE (MMCCYY) | 6 |
| 495 | HI BASIS | 1 |
| 496 | HI NON COVERED REASON | 1 |
| 497-499 | BLANK | 3 |

| | | |
|---------|-------------------------------------|---|
| 500-505 | *THIRD HI START DATE (MMCCYY) | 6 |
| 506-511 | THIRD HI TERM DATE (MMCCYY) | 6 |
| 512 | HI BASIS | 1 |
| 513 | HI NON COVERED REASON | 1 |
| 514-516 | BLANK | 3 |
| 517-519 | HI THIRD PARTY PREMIUM PAYER | 3 |
| 520-525 | HI THIRD PARTY START DATE (MMCCYY) | 6 |
| 526-531 | HI THIRD PARTY STOP DATE (MMCCYY) | 6 |
| 532 | HI THIRD PARTY CATEGORY | 1 |
| 533-535 | BLANK | 3 |
| 536-541 | SMI CONTS PERIOD (MMCCYY) | 6 |
| 542 | NUMBER OF SMI OCCURRENCES | 1 |
| 543-547 | SMI PREMIUM AMOUNT (\$\$\$\$¢) | 5 |
| 548-550 | BLANK | 3 |
| 551-556 | *FIRST SMI START DATE (MMCCYY) | 6 |
| 557-562 | FIRST SMI TERM DATE (MMCCYY) | 6 |
| 563 | SMI BASIS | 1 |
| 564 | SMI NON COVERED REASON | 1 |
| 565 | SMI PERIOD | 1 |
| 566-568 | BLANK | 3 |
| 569-574 | *SECOND SMI START DATE (MMCCYY) | 6 |
| 575-580 | SECOND SMI TERM DATE (MMCCYY) | 6 |
| 581 | SMI BASIS | 1 |
| 582 | SMI NON COVERED REASON | 1 |
| 583-585 | BLANK | 3 |
| 586-591 | *THIRD SMI START DATE (MMCCYY) | 6 |
| 592-597 | THIRD SMI TERM DATE (MMCCYY) | 6 |
| 598 | SMI BASIS | 1 |
| 599 | SMI NON COVERED REASON | 1 |
| 600-602 | BLANK | 3 |
| 603-605 | SMI PREMIUM PAYER | 3 |
| 606-611 | SMI THIRD PARTY START DATE (MMCCYY) | 6 |
| 612-617 | SMI THIRD PARTY STOP DATE (MMCCYY) | 6 |
| 618 | SMI THIRD PARTY CATEGORY | 1 |
| 619-621 | BLANK | 3 |
| 622-626 | VARIABLE SMI PREMIUM (\$\$\$\$¢) | 5 |
| 627-632 | VARIABLE SMI START (MMCCYY) | 6 |
| 633-638 | VARIABLE SMI TERM (MMCCYY) | 6 |

| | | |
|---------|------------------------------------|-----|
| 639-644 | *CITIZENSHIP START DATE 1 (MMCCYY) | 6 |
| 645-650 | CITIZENSHIP STOP DATE 1 (MMCCYY) | 6 |
| 651-652 | CITIZENSHIP COUNTRY 1 | 2 |
| 653 | CITIZENSHIP US PROVEN 1 | 1 |
| 654-659 | *CITIZENSHIP START DATE 2 (MMCCYY) | 6 |
| 660-665 | CITIZENSHIP STOP DATE 2 (MMCCYY) | 6 |
| 666-667 | CITIZENSHIP COUNTRY 2 | 2 |
| 668 | CITIZENSHIP US PROVEN 2 | 1 |
| 669-674 | *CITIZENSHIP START DATE 3 (MMCCYY) | 6 |
| 675-680 | CITIZENSHIP STOP DATE 3 (MMCCYY) | 6 |
| 681-682 | CITIZENSHIP COUNTRY 3 | 2 |
| 683 | CITIZENSHIP US PROVEN 3 | 1 |
| 684-800 | FILLER | 117 |

***There are three occurrences provided for the HI, SMI and Citizenship data which begin with the most current/newest period to the older period in that order.**

Source of BENDEX Information:

Beneficiary Earnings and Data Exchange (BENDEX) Handbook for Daily Process (*Last revised 02/23/2007*)

SDX -Last revised 11/2006

SDX RECORD LAYOUT

KEY FOR TYPE COLUMN

A=ALPHA
N=NUMERIC
AS=ALPHA, SPECIAL CHARACTER
ANS=ALPHA, NUMERIC, SPECIAL CHARACTER

| LENGTH | DATA ELEMENT | TYPE | POSITION |
|---------------|--------------------------------------|-------------|-----------------|
| 4 | Record Length | N | 1-4 |
| 1 | Record Identification Code | A | 5 |
| 2 | Transaction Code | AN | 6-7 |
| 8 | Record Establishment Date | N | 8-15 |
| 8 | Record Processing Date | N | 16-23 |
| 6 | Redetermination Date | N | 24-29 |
| 1 | Reaccretion Indicator | A | 30 |
| 1 | Current Record Indicator | N | 31 |
| 2 | Last Transaction Type | AN | 32-33 |
| 8 | Last Transaction Date | N | 34-41 |
| 1 | Record Source Code | A | 42 |
| 9 | SSN | N | 43-51 |
| 12 | Claim Number | AN | 52-63 |
| 2 | Recipient Type Code | A | 64-65 |
| 30 | blanks | AS | 66-95 |
| 6 | Other Name | AS | 96-101 |
| 8 | Date of Birth with Century | N | 102-109 |
| 1 | Sex Code | A | 110 |
| 1 | Race Code | A | 111 |
| 1 | Zebley Indicator | A | 112 |
| 1 | Marital Status | AN | 113 |
| 1 | Blank | A | 114 |
| 1 | Recipient's Address- Number of Lines | A/N | 115 |

| LENGTH | DATA ELEMENT | TYPE | POSITION |
|--------|---|------|----------|
| 210 | Recipient's Mailing Address | ANS | 116-325 |
| 5 | Recipient's ZIP Code | AN | 326-330 |
| 4 | Recipient's ZIP + 4 Code | A N | 331-334 |
| 1 | Blank | | 335 |
| 1 | Residence Address Number of Lines | N | 336 |
| 175 | Residence Address | AN | 337-511 |
| 5 | Residence ZIP Code | AN | 512-516 |
| 4 | Residence ZIP + 4 Code | AN | 517-520 |
| 3 | DO Code (Servicing) | AN | 521-523 |
| 10 | Telephone Number | N | 524-533 |
| 8 | Application Date | N | 534-541 |
| 8 | Application Filing Date | N | 542-549 |
| 3 | Denial Code | AN | 550-552 |
| 8 | Denial Date | N | 553-560 |
| 8 | Death Date | N | 561-568 |
| 1 | Death Date Source Code | N | 569 |
| 8 | SSI/Optional SSP Eligibility Date | N | 570-577 |
| 1 | Alien Indicator Code | AN | 578 |
| 6 | Alien Date of Residence | N | 579-584 |
| 2 | Country of Origin | A | 585-586 |
| 1 | Resource Code - House | A | 587 |
| 1 | Resource Code - Vehicle | A | 588 |
| 1 | Resource Code - Life Insurance | A | 589 |
| 1 | Resource Code - Income Producing Property | A | 590 |
| 1 | Resource Code - Other | A | 591 |
| 1 | Third Party Insurance Indicator | A | 592 |
| 1 | Medicaid - Unpaid Medical Expense Indicator | A | 593 |
| 6 | Third Party Liability Event Date | N | 594-599 |
| 6 | Food Stamp Input Date | N | 600-605 |
| 1 | Food Stamp Recipient Status | A | 606 |
| 1 | Food Stamp Application | A | 607 |

| LENGTH | DATA ELEMENT | TYPE | POSITION |
|--------|---|------|----------|
| 22 | Win of Recipient | ANS | 608-629 |
| 1 | Essential Person Indicator | AN | 630 |
| 9 | SSN of Essential Person of Eligible Individual | N | 631-639 |
| 22 | WIN of Essential Person | ANS | 640-661 |
| 9 | SSN of Eligible Spouse | N | 662-670 |
| 22 | WIN of Eligible Spouse | ANS | 671-692 |
| 1 | Ineligible Spouse/Parent Indicator | A | 693 |
| 30 | Name of Ineligible Spouse or Parent | N | 694-723 |
| 9 | SSN of Ineligible Spouse or Parent | N | 724-732 |
| 12 | CAN of Ineligible Spouse or Parent | AN | 733-744 |
| 22 | WIN of Ineligible Spouse or Parent | ANS | 745-766 |
| 7 | Earned Income Wage Estimate - Ineligible Spouse or Parent | N | 767-773 |
| 7 | Net Self-Employment Income Estimate - Ineligible Spouse or Parent | N | 774-780 |
| 1 | Unearned Income Type Code - Ineligible Spouse or Parent | A | 781 |
| 7 | Unearned Income Amount - Ineligible Spouse or Parent | N | 782-788 |
| 1 | Unearned Income Frequency - Ineligible Spouse or Parent | A | 789 |
| 1 | Unearned Income Type Code - Ineligible Spouse or Parent | A | 790 |
| 7 | Unearned Income Amount - Ineligible Spouse or Parent | N | 791-797 |
| 1 | Unearned Income Frequency - Ineligible Spouse or Parent | A | 798 |
| 1 | Unearned Income Type Code - Ineligible Spouse or Parent | A | 799 |
| 7 | Unearned Income Amount - Ineligible Spouse or Parent | N | 800-806 |
| 1 | Unearned Income Frequency - Ineligible Spouse or Parent | A | 807 |
| 1 | Ineligible Spouse/Parent Indicator | A | 808 |
| 30 | Name of Ineligible Spouse or Parent | ANS | 809-838 |
| 9 | SSN of Ineligible Spouse or Parent | N | 839-847 |

| LENGTH | DATA ELEMENT | TYPE | POSITION |
|--------|---|------|----------|
| 12 | CAN of Ineligible Spouse or Parent | AN | 848-859 |
| 22 | WIN of Ineligible Spouse or Parent | ANS | 860-881 |
| 7 | Earned Income Wage Estimate - Ineligible Spouse or Parent | N | 882-888 |
| 7 | Net Self-Employment Income Estimate - Ineligible Spouse or Parent | N | 889-895 |
| 1 | Unearned Income Type Code - Ineligible Spouse or Parent | A | 896 |
| 7 | Unearned Income Amount - Ineligible Spouse or Parent | N | 897-903 |
| 1 | Unearned Income Frequency - Ineligible Spouse or Parent | A | 904 |
| 1 | Unearned Income Type Code - Ineligible Spouse or Parent | A | 905 |
| 7 | Unearned Income Amount - Ineligible Spouse or Parent | N | 906-912 |
| 1 | Unearned Income Frequency - Ineligible Spouse or Parent | A | 913 |
| 1 | Unearned Income Type Code - Ineligible Spouse or Parent | A | 914 |
| 7 | Unearned Income Amount - Ineligible Spouse or Parent | N | 915-921 |
| 1 | Unearned Income Frequency - Ineligible Spouse or Parent | A | 922 |
| 8 | Representative Selection Date | N | 923-930 |
| 3 | Custody Code | A | 931-933 |
| 1 | Competency Code | A | 934 |
| 3 | Type of Payee Code | A | 935-937 |
| 1 | Disability Payment Code | A | 938 |
| 8 | Onset Date of Disability/Blindness | N | 939-946 |
| 1 | Blank | | 947 |
| 1 | Rollback Code | AN | 948 |
| 1 | Federal Countable Income (Dec 1973) Source Code | AN | 949 |
| 7 | Federal Countable Income (Dec. 1973) | N | 950-956 |
| 1 | Federal Living Arrangement Code (Dec 1973) | A | 957 |
| 2 | State Code at Conversion | N | 958-959 |
| 4 | Welfare Office Code Dec. 1973 Conversion Only | AN | 960-963 |
| 1 | Direct Deposit Savings/Checking Account Indicator | A | 964 |
| 1 | Appeals Flag | A | 965 |
| 1 | Appeals Code | A | 966 |

| LENGTH | DATA ELEMENT | TYPE | POSITION |
|--------|---|------|-----------|
| 8 | Appeals Filing Date | N | 967-974 |
| 1 | SSN Cross-Reference Indicator | AN | 975 |
| 1 | SSN - Multiple SSN Indicator | N | 976 |
| 9 | SSN - List of Multiple SSNs | N | 977-985 |
| 1 | Verification Code - Multiple SSNs | A | 986 |
| 9 | SSN - List of Multiple SSNs | N | 987-995 |
| 1 | Verification Code - Multiple SSNs | A | 996 |
| 9 | SSN - List of Multiple SSNs | N | 997-1005 |
| 1 | Verification Code - Multiple SSNs | A | 1006 |
| 9 | SSN - List of Multiple SSNs | N | 1007-1015 |
| 1 | Verification Code - Multiple SSNs | A | 1016 |
| 9 | SSN - List of Multiple SSNs | N | 1017-1025 |
| 1 | Verification Code - Multiple SSNs | A | 1026 |
| 1 | SSN Correction Indicator | A | 1027 |
| 1 | Qualified Medicaid Beneficiary RESERVED FOR FUTURE USE ONLY | A | 1028 |
| 1 | Head of Household Status Indicator | A | 1029 |
| 1 | Student Indicator | A | 1030 |
| 2 | Earned Income Period | AN | 1031-1032 |
| 7 | Earned Income Wage Estimate | N | 1033-1039 |
| 7 | Earned Income Exclusion (Plan for Achieving Self-Support) | N | 1040-1046 |
| 7 | Earned Income - Net Self-Employment Estimate | N | 1047-1053 |
| 7 | Blind Work Expenses Exclusion | N | 1054-1060 |
| 1 | Unearned Income - Number of Entries | N | 1061 |
| 1 | Unearned Income Overflow Indicator | N | 1062 |
| 1 | Unearned Income Type Code | A | 1063 |
| 6 | Unearned Income Start Date | N | 1064-1069 |
| 6 | Unearned Income Stop Date | N | 1070-1075 |
| 7 | Unearned Income Amount | N | 1076-1082 |
| 1 | Unearned Income Frequency | A | 1083 |
| 12 | Claim Identification Number | AN | 1084-1095 |
| 1 | Unearned Income Verification Code | AN | 1096 |

| LENGTH | DATA ELEMENT | TYPE | POSITION |
|---------------|-----------------------------------|-------------|-----------------|
| 1 | Unearned Income Type Code | A | 1097 |
| 6 | Unearned Income Start Date | N | 1098-1103 |
| 6 | Unearned Income Stop Date | N | 1104-1109 |
| 7 | Unearned Income Amount | N | 1110-1116 |
| 1 | Unearned Income Frequency | A | 1117 |
| 12 | Claim Identification Number | AN | 1118-1129 |
| 1 | Unearned Income Verification Code | AN | 1130 |
| 1 | Unearned Income Type Code | A | 1131 |
| 6 | Unearned Income Start Date | N | 1132-1137 |
| 6 | Unearned Income Stop Date | N | 1138-1143 |
| 7 | Unearned Income Amount | N | 1144-1150 |
| 1 | Unearned Income Frequency | A | 1151 |
| 12 | Claim Identification Number | AN | 1152-1163 |
| 1 | Unearned Income Verification Code | AN | 1164 |
| 1 | Unearned Income Type Code | A | 1165 |
| 6 | Unearned Income Start Date | N | 1166-1171 |
| 6 | Unearned Income Stop Date | N | 1172-1177 |
| 7 | Unearned Income Amount | N | 1178-1184 |
| 1 | Unearned Income Frequency | A | 1185 |
| 12 | Claim Identification Number | AN | 1186-1197 |
| 1 | Unearned Income Verification Code | AN | 1198 |
| 1 | Unearned Income Type Code | A | 1199 |
| 6 | Unearned Income Start Date | N | 1200-1205 |
| 6 | Unearned Income Stop Date | N | 1206-1211 |
| 7 | Unearned Income Amount | N | 1212-1218 |
| 1 | Unearned Income Frequency | A | 1219 |
| 12 | Claim Identification Number | AN | 1220-1231 |
| 1 | Unearned Income Verification Code | AN | 1232 |
| 1 | Unearned Income Type Code | A | 1233 |
| 6 | Unearned Income Start Date | N | 1234-1239 |
| 6 | Unearned Income Stop Date | N | 1240-1245 |
| 7 | Unearned Income Amount | N | 1246-1252 |

| LENGTH | DATA ELEMENT | TYPE | POSITION |
|--------|---|------|-----------|
| 1 | Unearned Income Frequency | A | 1253 |
| 12 | Claim Identification Number | AN | 1254-1265 |
| 1 | Unearned Income Verification Code | AN | 1266 |
| 1 | Unearned Income Type Code | A | 1267 |
| 6 | Unearned Income Start Date | N | 1268-1273 |
| 6 | Unearned Income Stop Date | N | 1274-1279 |
| 7 | Unearned Income Amount | N | 1280-1286 |
| 1 | Unearned Income Frequency | A | 1287 |
| 12 | Claim Identification Number | AN | 1288-1299 |
| 1 | Unearned Income Verification Code | AN | 1300 |
| 1 | Unearned Income Type Code | A | 1301 |
| 6 | Unearned Income Start Date | N | 1302-1307 |
| 6 | Unearned Income Stop Date | N | 1308-1313 |
| 7 | Unearned Income Amount | N | 1314-1320 |
| 1 | Unearned Income Frequency | A | 1321 |
| 12 | Claim Identification Number | AN | 1322-1333 |
| 1 | Unearned Income Verification Code | AN | 1334 |
| 1 | Unearned Income Type Code | A | 1335 |
| 6 | Unearned Income Start Date | N | 1336-1341 |
| 6 | Unearned Income Stop Date | N | 1342-1347 |
| 7 | Unearned Income Amount | N | 1348-1354 |
| 1 | Unearned Income Frequency | N | 1355 |
| 12 | Claim Identification Number | AN | 1356-1367 |
| 1 | Unearned Income Verification Code | AN | 1368 |
| 57 | Blanks | | 1369-1425 |
| 1 | Institutionalization Determination Code | A | 1426 |
| 7 | SSI Monthly Assistance Amount | N | 1427-1433 |
| 7 | SSI Gross Payable Amount | N | 1434-1440 |
| 7 | State Supplement Amount | N | 1441-1447 |
| 7 | State Supplement Gross Payable Amount | N | 1448-1454 |
| 8 | Payment Date | N | 1455-1462 |

| LENGTH | DATA ELEMENT | TYPE | POSITION |
|--------|---|------|-----------|
| 7 | SSI Monthly Assistance Amount | N | 1463-1469 |
| 7 | State Supplement Amount | N | 1470-1476 |
| 8 | Payment Date | N | 1477-1484 |
| 7 | SSI Monthly Assistance Amount | N | 1485-1491 |
| 7 | State Supplement Amount | N | 1492-1498 |
| 8 | Payment Date | N | 1499-1506 |
| 7 | SSI Monthly Assistance Amount | N | 1507-1513 |
| 7 | State Supplement Amount | N | 1514-1520 |
| 7 | Advance Payment Amount | N | 1521-1527 |
| 1 | Conditional Payment | A | 1528 |
| 1 | Multi-category Indicator | AN | 1529 |
| 1 | Special Needs Code (Other than Essential Person) | A | 1530 |
| 1 | Concurrent State Payment Code | AN | 1531 |
| 6 | Month of Change | N | 1532-1537 |
| 1 | Medicaid Eligibility Code | A | 1538 |
| 3 | Payment Status Code | ANS | 1539-1541 |
| 1 | Federal Living Arrangement Code | A | 1542 |
| 1 | Living Arrangement Code - Optional State Supplement | A | 1543 |
| 5 | State and County Code of Jurisdiction | AN | 1544-1548 |
| 6 | Month of Change | N | 1549-1554 |
| 1 | Medicaid Eligibility Code | A | 1555 |
| 3 | Payment Status Code | ANS | 1556-1558 |
| 1 | Federal Living Arrangement Code | A | 1559 |
| 1 | Living Arrangement Code - Optional State Supplement | A | 1560 |
| 5 | State and County Code of Jurisdiction | AN | 1561-1565 |
| 6 | Month of Change | N | 1566-1571 |
| 1 | Medicaid Eligibility Code | A | 1572 |
| 3 | Payment Status Code | ANS | 1573-1575 |
| 1 | Federal Living Arrangement Code | A | 1576 |

| LENGTH | DATA ELEMENT | TYPE | POSITION |
|--------|---|------|-----------|
| 1 | Living Arrangement Code- Optional State Supplement | A | 1577 |
| 5 | State and County Code of Jurisdiction | AN | 1578-1582 |
| 6 | Month of Change | N | 1583-1588 |
| 1 | Medicaid Eligibility Code | A | 1589 |
| 3 | Payment Status Code | ANS | 1590-1592 |
| 1 | Federal Living Arrangement Code | A | 1593 |
| 1 | Living Arrangement Code - Optional State Supplement | A | 1594 |
| 5 | State and County Code of Jurisdiction | AN | 1595-1599 |
| 6 | Month of Change | N | 1600-1605 |
| 1 | Medicaid Eligibility Code | A | 1606 |
| 3 | Payment Status Code | ANS | 1607-1609 |
| 1 | Federal Living Arrangement Code | A | 1610 |
| 1 | Living Arrangement Code - Optional State Supplement | A | 1611 |
| 5 | State and County Code of Jurisdiction | AN | 1612-1616 |
| 6 | Month of Change | N | 1617-1622 |
| 1 | Medicaid Eligibility Code | A | 1623 |
| 3 | Payment Status Code | ANS | 1624-1626 |
| 1 | Federal Living Arrangement Code | A | 1627 |
| 1 | Living Arrangement Code - Optional State Supplement | A | 1628 |
| 5 | State and County Code of Jurisdiction | AN | 1629-1633 |
| 6 | Month of Change | N | 1634-1639 |
| 1 | Medicaid Eligibility Code | A | 1640 |
| 3 | Payment Status Code | ANS | 1641-1643 |
| 1 | Federal Living Arrangement Code - Optional State Supplement | A | 1644 |
| 1 | Living Arrangement Code - Optional State Supplement | A | 1645 |
| 5 | State and County Code of Jurisdiction | AN | 1646-1650 |
| 6 | Month of Change | N | 1651-1656 |
| 1 | Medicaid Eligibility Code | A | 1657 |
| 3 | Payment Status Code | ANS | 1658-1660 |
| 1 | Federal Living Arrangement Code | A | 1661 |

| LENGTH | DATA ELEMENT | TYPE | POSITION |
|--------|---|------|-----------|
| 1 | Living Arrangement Code - Optional State Supplement | A | 1662 |
| 5 | State and County Code of Jurisdiction | AN | 1663-1667 |
| 6 | Month of Change | N | 1668-1673 |
| 1 | Medicaid Eligibility Code | A | 1674 |
| 3 | Payment Status Code | ANS | 1675-1677 |
| 1 | Federal Living Arrangement Code | A | 1678 |
| 1 | Living Arrangement Code - Optional State Supplement | A | 1679 |
| 5 | State and County Code of Jurisdiction | AN | 1680-1684 |
| 6 | Month of Change | N | 1685-1690 |
| 1 | Medicaid Eligibility Code | A | 1691 |
| 3 | Payment Status Code | ANS | 1692-1694 |
| 1 | Federal Living Arrangement Code | A | 1695 |
| 1 | Living Arrangement Code - Optional State Supplement | A | 1696 |
| 5 | State and County Code of Jurisdiction | AN | 1697-1701 |
| 1 | Medicare Entitlement Code | A | 1702 |
| 1 | Medicaid Test Indicator | A | 1703 |
| 8 | Medicaid Effective Date | N | 1704-1711 |
| 8 | Date Residency Began | N | 1712-1719 |
| 1 | Federal Eligibility Code | A | 1720 |
| 1 | Optional State Eligibility Code | A | 1721 |
| 1 | Mandatory Eligibility Code | A | 1722 |
| 1 | Budget Month Flag | AN | 1723 |
| 1 | Federal Living Arrangement Code -Budget Month | A | 1724 |
| 7 | Unearned Income -Retrospective Net Countable Amount | N | 1725-1731 |
| 7 | Earned Income - Retrospective Net Countable Amount | N | 1732-1738 |
| 7 | Deemed Income Amount (Retrospective) | N | 1739-1745 |
| 7 | Earned Income - Net Countable Amount | N | 1746-1752 |
| 7 | Unearned Income - Net Countable Amount | N | 1753-1759 |
| 7 | Deemed Income Amount | N | 1760-1766 |
| 7 | State Benefit Amount | N | 1767-1773 |
| 1 | IAR Status Code | N | 1774 |

| LENGTH | DATA ELEMENT | TYPE | POSITION |
|--------|---|------|-----------|
| 5 | State and County Code of Reimbursement | AN | 1775-1779 |
| 1 | Overpayment/Underpayment Indicator | A | 1780 |
| 7 | Overpayment Balance | N | 1781-1787 |
| 7 | Current Month's Recovery Amount | N | 1788-1794 |
| 8 | Overpayment Waiver Date | N | 1795-1802 |
| 7 | Overpayment Waiver Amount | N | 1803-1809 |
| 12 | Converted Railroad Board Number | AN | 1810-1821 |
| 1 | Alien Sponsor Status Code | A | 1822 |
| 1 | Alien Eligibility Code | AN | 1823 |
| 13 | Bank Transit/Routing Number | N | 1824-1836 |
| 17 | Bank Account Number | AN | 1837-1853 |
| 2 | Foreign Language Code | A | 1854-1855 |
| 2 | Appeals Decision Code | A/N | 1856-1857 |
| 8 | Appeals Decision Code Date | AN | 1858-1865 |
| 2 | Appeal Reason | A | 1866-1867 |
| 2 | MN Diary | A | 1868-1869 |
| 8 | MN Diary Date | N | 1870-1877 |
| 2 | TOA (Type of Action) | A/N | 1878-1879 |
| 1 | Current Composition Code | AN | 1880 |
| 1 | Selection Indicator Code | A/N | 1881 |
| 1 | Food Stamp – Heating | A | 1882 |
| 1 | Food Stamp – Shelter | A | 1883 |
| 76 | Reserved for State Use | | 1884-1959 |
| 40 | Reserved for State Use (additional Space) | | 1960-1999 |
| 1 | Reserved for Wire Transmission Character | A/N | 2000 |
| 54 | Individual's name | A/N | 2001-2054 |
| 40 | Representative Payee Agency Name | A/N | 2055-2094 |
| 54 | Representative Payee Name | A/N | 2095-2148 |
| 140 | Representative Payee Address | A/N | 2149-2288 |
| 22 | Representative Payee City | A/N | 2289-2310 |
| 2 | Representative Payee State Name | A | 2311-2312 |

| LENGTH | DATA ELEMENT | TYPE | POSITION |
|--------|---------------------------------------|------|-----------|
| 5 | Representative Payee ZIP | A/N | 2313-2317 |
| 4 | Representative Payee ZIP+4 | A/N | 2318-2321 |
| 35 | Representative Payee Foreign Country | A | 2322-2356 |
| 15 | Representative Payee Foreign Zone | A/N | 2357-2371 |
| 3 | Representative Payee Consul CD | N | 2372-2374 |
| 1 | Representative Payee Legend Choice | A/N | 2375 |
| 35 | Representative Payee Legend Free-Form | A | 2376-2410 |
| 1 | Deeming Indicator | A | 2411 |
| 589 | Blanks | | 2412-3000 |

Source of SDX Information:

The State Data Exchange (SDX) Manual (*Last revised 11/2006*)

SVES - Last revised 02/2007

INPUT RECORD LAYOUT

The following table illustrates the SVES input record layout. Mandatory fields are identified with an asterisk. However, only one number, SSN or CAN should be input (generally, SSN is preferable). If the CAN is input, the BIC is mandatory. *Category of Assistance is a mandatory field only for BENDEX/BEER requests and Food Stamp Death requests.*

Key:

A=Alpha

N=Numeric

AN=Alphanumeric

| FIELD | TYPE | POSITION |
|---------------------------------------|-------------|-----------------|
| *SSN | N | 1-9 |
| *Claim Account Number (CAN) | N | 10-18 |
| Beneficiary Identification Code (BIC) | AN | 19-21 |
| *Surname | AN | 22-40 |
| Middle Initial | AN | 41 |
| First Name | AN | 42-53 |
| *Date of Birth | N | 54-61 |
| Sex | A | 62 |
| Title II Request | AN | 63 |
| Title XVI Request | AN | 64 |
| *State Agency Code | N | 65-67 |
| *Category of Assistance | AN | 68 |
| State Communication Code | AN | 69-71 |
| Exchange Request Data | AN | 72-111 |
| (For Future Expansion) | AN | 112-137 |

OUTPUT: RESPONSES TO THE STATES – RECORD LAYOUTS

The basic output record layouts for the four types are as follows:

- Type 1

| |
|----------------------|
| Verification (1-156) |
|----------------------|

- Type 2

| | |
|----------------------|-------------------|
| Verification (1-156) | Title 2 (157-839) |
|----------------------|-------------------|

- Type 3

| | |
|----------------------|---------------------|
| Verification (1-156) | Title 16 (157-1468) |
|----------------------|---------------------|

- Type 4

| | | |
|----------------------|-------------------|---------------------|
| Verification (1-156) | Title 2 (157-839) | Title 16 (840-2151) |
|----------------------|-------------------|---------------------|

**SSN VERIFICATION/STANDARD RESPONSE
RECORD LAYOUT - ABRIDGED**

| DATA ELEMENT | POSITION |
|---|-----------------|
| Input SSN | 1-9 |
| Input Claim Account Number (CAN) (10-18)/BIC (19-21) | 10-21 |
| Input Surname | 22-40 |
| Input Middle Initial | 41 |
| Input First Name | 42-53 |
| Input Date of Birth | 54-61 |
| Input Sex | 62 |
| Input State Agency Code | 63-65 |
| Input Category of Assistance Code | 66 |
| Input State Communication Code | 67-69 |
| Input Welfare ID No. | 70-91 |
| Date of WTPY Response | 92-99 |
| Error Condition Code | 100-102 |
| Identity Discrepancy Code | 103-104 |
| Blank | 105-107 |
| Verification Code | 108 |
| Verification SSN Data | 109-153 |
| Record Type | 154 |
| Title II Status | 155 |
| Title XVI Status | 156 |

TITLE II RESPONSE RECORD
LAYOUT - ABRIDGED

(This is appended to SSN Verification/Standard Response)

| DATA ELEMENT | POSITION |
|--|-----------------|
| Title II Claim Account Number (CAN) and BIC | 157-168 |
| State and County Code | 169-173 |
| ZIP Code | 174-178 |
| ZIP + 4 | 179-182 |
| Number of Lines of Address | 183 |
| Address | 184-315 |
| Direct Deposit Indicator | 316 |
| Deferred Payment Date | 317-322 |
| Schedule Payment Indicator | 323 |
| Schedule Payment Date | 324-329 |
| Schedule Prior Payment Amount | 330-336 |
| Schedule Current Payment Amount | 337-342 |
| Schedule Payment Combined Check Indicator | 343 |
| LAF (Ledger Account File) Code | 344-345 |
| Date of Birth | 346-353 |
| Proof of Age Indicator | 354 |
| Given Name | 355-364 |
| Middle Initial | 365 |
| Surname | 366-377 |
| Date of Initial Entitlement | 378-383 |
| Date of Current Entitlement | 384-389 |
| Date of Suspension or Termination | 390-395 |
| Sex Code | 396 |
| Net Monthly Benefit if Payable (MBP) | 397-402 |
| Medicare Indicator | 403 |
| Health Insurance (HI) Indicator | 404 |

| DATA ELEMENT | POSITION |
|--|----------------------|
| HI Option Code | 405 |
| HI Start Date | 406-411 |
| HI Stop Date | 412-417 |
| HI Premium | 418-422 |
| HI Buy-In Indicator | 423 |
| HI Buy-In Code | 424-426 |
| HI Buy-In Start Date | 427-432 |
| HI Buy-In Stop Date | 433-438 |
| Supplemental Medical Insurance (SMI) Indicator | 439 |
| SMI Option Code | 440 |
| SMI Start Date | 441-446 |
| SMI Stop Date | 447-452 |
| SMI Premium | 453-457 |
| SMI Buy-In Indicator | 458 |
| SMI Buy-In Code | 459-461 |
| SMI Buy-In Start Date | 462-467 |
| SMI Buy-In Stop Date | 468-473 |
| Welfare Agency Code | 474-476 |
| Category of Assistance Code | 477 |
| Black Lung Entitlement Code | 478 |
| Black Lung Payment Amount | 479-484 |
| Railroad Indicator | 485 |
| Person's Own Social Security Number (SSN) | 486-494 |
| Date of Death | 495-502 |
| Disability Onset Date | 503-510 |
| Number of Cross-reference Account Number (XLAN) Occurrences | 511 |
| Cross-Reference (XREF) Entitlement Number * | 512-571 (Field 1) |
| Cross-Reference (XREF) BIC * | 512-571 (Field 2) |
| Cross-Reference (XREF) Code * | 512-571 (Field 3) |

| DATA ELEMENT | POSITION |
|---|----------------------|
| Dual Entitlement Number | 572-580 |
| Dual Entitlement BIC | 581-582 |
| Number of History Occurrences | 583-584 |
| Monthly Benefit Credited (MBC) Date ** | 585-688 (Field 1) |
| MBC Amount ** | 585-688 (Field 2) |
| MBC Type ** | 585-688 (Field 3) |
| Other Date of Entitlement | 689-694 |
| Other Primary Insurance Amount | 695-700 |
| Other Retirement Insurance Amount | 701-706 |
| Larger Full Monthly Benefit Amount | 707-712 |
| Larger Excess Monthly Benefit Amount | 713-718 |
| Smaller Full Monthly Benefit Amount | 719-724 |
| Smaller Actuarially Reduced Monthly Benefit Amount | 725-730 |
| Dual Entitlement Status Code | 731 |
| Other Office Code | 732 |
| Type of Dual Entitlement | 733 |
| Other Primary Insurance Amount Factor Code | 734 |
| Other Primary Insurance Amount Factor Code Two | 735 |
| Other Eligibility Year | 736-739 |
| Reserved for future use | 740-839 |

*There could be five occurrences of this information.

**There could be eight occurrences of this information.

TITLE XVI RESPONSE RECORD
LAYOUT - ABRIDGED

(This is appended to the SSN Verification/Standard Response)

| DATA ELEMENT | POSITION |
|--|-----------------|
| Essential Person Indicator | 157 |
| Appeal Code | 158 |
| Date of Appeal | 159-166 |
| Last Redetermination Date | 167-174 |
| Person's Own Social Security Number (SSN) | 175-183 |
| Type of Recipient | 184-185 |
| Record Establishment Date | 186-193 |
| Date of Birth | 194-201 |
| Date of Death | 202-209 |
| Date of Death Source Code | 210 |
| Payment Status Code | 211-213 |
| Current Pay Status Effective Date | 214-219 |
| SSN Correction Indicator | 220 |
| Sex Code | 221 |
| Race Code | 222 |
| Resource Code - House | 223 |
| Resource Code - Vehicle | 224 |
| Resource Code - Insurance | 225 |
| Resource Code - Property | 226 |
| Resource Code - Other | 227 |
| Other Name | 228-233 |
| Given Name | 234-243 |
| Middle Initial | 244 |
| Surname | 245-263 |
| Appeals Decision Code | 264-265 |
| Date of Eligibility | 266-271 |
| Medicaid Effective Date | 272-279 |

| DATA ELEMENT | POSITION |
|--|-----------------|
| Application Date | 280-287 |
| Telephone Number | 288-297 |
| Record Source Code | 298 |
| Alien Indicator Code | 299 |
| Alien Date of Residency | 300-305 |
| Country of Origin | 306-307 |
| Third Party Insurance Indicator | 308 |
| Medicaid - Unpaid Medical Expense Indicator | 309 |
| Denial Code | 310-312 |
| Denial Date | 313-320 |
| Food Stamp Interview Date | 321-326 |
| Food Stamp Application | 327 |
| Food Stamp Recipient Status | 328 |
| Blank | 329 |
| Onset Date of Disability/Blindness | 330-337 |
| Disability Payment Code | 338 |
| Drug Addiction or Alcohol Identification Code | 339 |
| Rollback Code | 340 |
| Blank | 341 |
| Welfare ID Number | 342-363 |
| State Code of Conversion | 364-365 |
| Special Needs Code | 366 |
| Appeals Decision Date | 367-374 |
| Blank | 375-379 |
| Direct Deposit Indicator | 380 |
| Blank | 381 |
| Payee Name and Address Number of Lines | 382 |
| Payee Name and Mailing Address | 383-514 |
| Payee ZIP Code | 515-519 |
| Payee ZIP Code + 4 | 520-523 |
| State & County Code of Jurisdiction | 524-528 |

| DATA ELEMENT | POSITION |
|---|----------------------|
| District Office (DO) Code | 529-531 |
| Blank | 532 |
| Blank | 533 |
| Earned Income - Wage Amount | 534-539 |
| Earned Income - Net Self-Employment Estimate | 540-545 |
| Blind Work Expense (BWE) Exclusion | 546-551 |
| Earned Income Exclusion (Plan for Self-support) | 552-557 |
| Blank | 558 |
| Unearned Income - Number of Occurrences | 559 |
| Unearned Income Type Code * | 560-856 (Field 1) |
| Unearned Income Verification Code * | 560-856 (Field 2) |
| Unearned Income Start Date * | 560-856 (Field 3) |
| Unearned Income Stop Date * | 560-856 (Field 4) |
| Unearned Income Amount * | 560-856 (Field 5) |
| Unearned Income Frequency * | 560-856 (Field 6) |
| Claim or Identification Number For Unearned Income * | 560-856 (Field 7) |
| Blank | 857 |
| Representative (Rep) Payee Indicator | 858 |
| Rep Payee Selection Date | 859-866 |
| Custody Code | 867-869 |
| Competency Code | 870 |
| Type of Payee Code | 871-873 |
| Blank | 874 |
| SSN-Multiple SSN Indicator | 875 |
| SSN-List of Multiple SSNs ** | 876-920 |
| Blank | 921 |

| DATA ELEMENT | POSITION |
|--|------------------------|
| Residence Address-Number of Lines | 922 |
| Residence Address | 923-1032 |
| Residence ZIP Code | 1033-1037 |
| Residence ZIP Code + 4 | 1038-1041 |
| Blank | 1042 |
| Last Transaction Type | 1043-1044 |
| Last Transaction Date | 1045-1052 |
| Blank | 1053 |
| Blank | 1054 |
| Advance Payment Indicator | 1055 |
| Advance Payment Date | 1056-1063 |
| Advance Payment Amount | 1064-1068 |
| Blank | 1069 |
| Interim Assistance Reimbursement Status Code | 1070 |
| State and County Code of Reimbursement | 1071-1075 |
| Blank | 1076 |
| Payment Date | 1077-1084 |
| SSI Gross Payable Amount (Current) | 1085-1091 |
| State Gross Payable Amount (Current) | 1092-1098 |
| Payment History (PHIST) Number of Occurrences | 1099-1100 |
| PHIST Payment Date *** | 1101-1292 (Field 1) |
| SSI Monthly Assistance Amount *** | 1101-1292 (Field 2) |
| State Supplement Amount *** | 1101-1292 (Field 3) |
| PHIST Payment Payflag 1 *** | 1101-1292 (Field 4) |
| PHIST Payment Payflag 2 *** | 1101-1292 (Field 5) |
| Blank | 1293 |
| Overpayment/Underpayment Indicator | 1294 |
| Month of Change | 1295-1300 |

| DATA ELEMENT | POSITION |
|--|-----------------|
| Budget Month Flag | 1301 |
| Payment Status Code (Current) | 1302-1304 |
| Federal Living Arrangement Code (Current) | 1305 |
| Living Arrangement Code - Optional State Supplement | 1306 |
| State and County Code of Jurisdiction (Current) | 1307-1311 |
| Concurrent State Payment Code | 1312 |
| Medicaid Eligibility Code | 1313 |
| Head of Household Indicator | 1314 |
| Marital Status | 1315 |
| Student Indicator | 1316 |
| Earned Income - Net Countable Amount | 1317-1322 |
| Unearned Income - Net Countable Amount | 1323-1328 |
| SSI Gross Payable Amount | 1329-1333 |
| State Gross Payable Amount (Current) | 1334-1338 |
| Conditional Payment | 1339 |
| Medicaid Test Indicator | 1340 |
| Federal Eligibility Code | 1341 |
| Optional State Eligibility Code | 1342 |
| Mandatory Eligibility Code | 1343 |
| Deemed Income Amount | 1344-1349 |
| Federal Living Arrangement Code - Budget Month | 1350 |
| Earned Income - Retrospective Net Countable Amount | 1351-1356 |
| Unearned Income Retrospective Net Countable Amount | 1357-1362 |
| Deemed Income Amount Retrospective | 1363-1368 |
| 40 QQ History | 1369-1468 |

*There can be nine occurrences of this information

** There can be five occurrences of this information

*** There can be eight occurrences of this information

NOTE: Title XVI response provides data on the queried SSN. It does not provide data on Essential Person (EP)/Spouse.

TITLE II AND TITLE XVI RESPONSE RECORD
LAYOUT - ABRIDGED

(This is appended to the SSN Verification/Standard Response)

Note: In this table, Title XVI fields (starting at position 840) are shaded to distinguish them from Title II fields.

| DATA ELEMENT | POSITION |
|--|-----------------|
| Title II Claim Account Number (CAN) and BIC | 157-168 |
| State and County Code | 169-173 |
| ZIP Code | 174-178 |
| ZIP + 4 | 179-182 |
| Number of Lines of Address | 183 |
| Address | 184-315 |
| Direct Deposit Indicator | 316 |
| Deferred Payment Date | 317-322 |
| Schedule Payment Indicator | 323 |
| Schedule Payment Date | 324-329 |
| Schedule Prior Payment Amount | 330-336 |
| Schedule Current Payment Amount | 337-342 |
| Schedule Payment Combined Check Indicator | 343 |
| LAF Code | 344-345 |
| Date of Birth | 346-353 |
| Proof of Age Indicator | 354 |
| Given Name | 355-364 |
| Middle Initial | 365 |
| Surname | 366-377 |
| Date of Initial Entitlement | 378-383 |
| Date of Current Entitlement | 384-389 |
| Date of Suspension or Termination | 390-395 |
| Sex Code | 396 |
| Net Monthly Benefit if Payable (MBP) | 397-402 |
| Medicare Indicator | 403 |

| DATA ELEMENT | POSITION |
|--|----------------------|
| Health Insurance (HI) Indicator | 404 |
| HI Option Code | 405 |
| HI Start Date | 406-411 |
| HI Stop Date | 412-417 |
| HI Premium | 418-422 |
| HI Buy-In Indicator | 423 |
| HI Buy-In Code | 424-426 |
| HI Buy-In Start Date | 427-432 |
| HI Buy-In Stop Date | 433-438 |
| Supplemental Medical Insurance (SMI) Indicator | 439 |
| SMI Option Code | 440 |
| SMI Start Date | 441-446 |
| SMI Stop Date | 447-452 |
| SMI Premium | 453-457 |
| SMI Buy-In Indicator | 458 |
| SMI Buy-In Code | 459-461 |
| SMI Buy-In Start Date | 462-467 |
| SMI Buy-In Stop Date | 468-473 |
| Welfare Agency Code | 474-476 |
| Category of Assistance Code | 477 |
| Black Lung Entitlement Code | 478 |
| Black Lung Payment Amount | 479-484 |
| Railroad Indicator | 485 |
| Person's Own Social Security Number (SSN) | 486-494 |
| Date of Death | 495-502 |
| Disability Onset Date | 503-510 |
| Number of Cross-reference Account Number (XРАН) Occurrences | 511 |
| Cross-Reference (XREF) Entitlement Number * | 512-571 (Field 1) |
| Cross-Reference (XREF) BIC * | 512-571 (Field 2) |
| Cross-Reference (XREF) Code * | 512-571 |

| DATA ELEMENT | POSITION |
|---|----------------------|
| | (Field 3) |
| Dual Entitlement Number | 572-580 |
| Dual Entitlement BIC | 581-582 |
| Number of History Occurrences | 583-584 |
| Monthly Benefit Credited (MBC) Date ** | 585-688 (Field 1) |
| MBC Amount ** | 585-688 (Field 2) |
| MBC Type ** | 585-688 (Field 3) |
| Other Date of Entitlement | 689-694 |
| Other Primary Insurance Amount | 695-700 |
| Other Retirement Insurance Amount | 701-706 |
| Larger Full Monthly Benefit Amount | 707-712 |
| Larger Excess Monthly Benefit Amount | 713-718 |
| Smaller Full Monthly Benefit Amount | 719-724 |
| Smaller Actuarially Reduced Monthly Benefit Amount | 725-730 |
| Dual Entitlement Status Code | 731 |
| Other Office Code | 732 |
| Type of Dual Entitlement | 733 |
| Other Primary Insurance Amount Factor Code | 734 |
| Other Primary Insurance Amount Factor Code Two | 735 |
| Other Eligibility Year | 736-739 |
| Blank (reserved for future use) | 740-839 |
| Essential Person Indicator | 840 |
| Appeal Code | 841 |
| Date of Appeal | 842-849 |
| Last Redetermination Date | 850-857 |
| Person's Own Social Security Number (SSN) | 858-866 |
| Type of Recipient | 867-868 |
| Record Establishment Date | 869-876 |

| DATA ELEMENT | POSITION |
|--|-----------------|
| Date of Birth | 877-884 |
| Date of Death | 885-892 |
| Date of Death Source Code | 893 |
| Payment Status Code | 894-896 |
| Current Pay Status Effective Date | 897-902 |
| SSN Correction Indicator | 903 |
| Sex Code | 904 |
| Race Code | 905 |
| Resource Code - House | 906 |
| Resource Code - Vehicle | 907 |
| Resource Code - Insurance | 908 |
| Resource Code – Property | 909 |
| Resource Code - Other | 910 |
| Other Name | 911-916 |
| Given Name | 917-926 |
| Middle Initial | 927 |
| Surname | 928-946 |
| Appeals Decision Code | 947-948 |
| Date of Eligibility | 949-954 |
| Medicaid Effective Date | 955-962 |
| Application Date | 963-970 |
| Telephone Number | 971-980 |
| Record Source Code | 981 |
| Alien Indicator Code | 982 |
| Alien Date of Residency | 983-988 |
| Country of Origin | 989-990 |
| Third Party Insurance Indicator | 991 |
| Medicaid - Unpaid Medical Expense Indicator | 992 |
| Denial Code | 993-995 |
| Denial Date | 996-1003 |

| DATA ELEMENT | POSITION |
|--|------------------------|
| Food Stamp Interview Date | 1004-1009 |
| Food Stamp Application | 1010 |
| Food Stamp Recipient Status | 1011 |
| Blank | 1012 |
| Onset Date of Disability/Blindness | 1013-1020 |
| Disability Payment Code | 1021 |
| Drug Addiction or Alcohol Identification Code | 1022 |
| Rollback Code | 1023 |
| Blank | 1024 |
| Welfare ID Number | 1025-1046 |
| State Code and Conversion | 1047-1048 |
| Special Needs Code | 1049 |
| Appeals Decision Date | 1050-1057 |
| Blank | 1058-1062 |
| Direct Deposit Indicator | 1063 |
| Blank | 1064 |
| Payee Name and Address Number of Lines | 1065 |
| Payee Name and Mailing Address | 1066-1197 |
| Payee ZIP Code | 1198-1202 |
| Payee ZIP Code + 4 | 1203-1206 |
| State & County Code of Jurisdiction | 1207-1211 |
| District Office (DO) Code | 1212-1214 |
| Blank | 1215 |
| Blank | 1216 |
| Earned Income - Wage Amount | 1217-1222 |
| Earned Income - Net Self-Employment Estimate | 1223-1228 |
| Blind Work Expense (BWE) Exclusion | 1229-1234 |
| Earned Income Exclusion (Plan for Self-support) | 1235-1240 |
| Blank | 1241 |
| Unearned Income - Number of Occurrences | 1242 |
| Unearned Income Type Code *** | 1243-1539 (Field 1) |

| DATA ELEMENT | POSITION |
|---|------------------------|
| Unearned Income Verification Code *** | 1243-1539 (Field 2) |
| Unearned Income Start Date *** | 1243-1539 (Field 3) |
| Unearned Income Stop Date *** | 1243-1539 (Field 4) |
| Unearned Income Amount *** | 1243-1539 (Field 5) |
| Unearned Income Frequency *** | 1243-1539 (Field 6) |
| Claim or Identification Number For Unearned Income *** | 1243-1539 (Field 7) |
| Blank | 1540 |
| Representative (Rep) Payee Indicator | 1541 |
| Rep Payee Selection Date | 1542-1549 |
| Custody Code | 1550-1552 |
| Competency Code | 1553 |
| Type of Payee Code | 1554-1556 |
| Blank | 1557 |
| SSN-Multiple SSN Indicator | 1558 |
| SSN-List of Multiple SSNs * | 1559-1603 |
| Blank | 1604 |
| Residence Address-Number of Lines | 1605 |
| Residence Address | 1606-1715 |
| Residence ZIP Code | 1716-1720 |
| Residence ZIP Code + 4 | 1721-1724 |
| Blank | 1725 |
| Last Transaction Type | 1726-1727 |
| Last Transaction Date | 1728-1735 |
| Blank | 1736 |
| Blank | 1737 |
| Advance Payment Indicator | 1738 |
| Advance Payment Date | 1739-1746 |

| DATA ELEMENT | POSITION |
|--|------------------------|
| Advance Payment Amount | 1747-1751 |
| Blank | 1752 |
| Interim Assistance Reimbursement Status Code | 1753 |
| State and County Code of Reimbursement | 1754-1758 |
| Blank | 1759 |
| Payment Date | 1760-1767 |
| SSI Gross Payable Amount (Current) | 1768-1774 |
| State Gross Payable Amount (Current) | 1775-1781 |
| Payment History PHIST Number of Occurrences | 1782-1783 |
| PHIST Payment Date **** | 1784-1975 (Field 1) |
| SSI Monthly Assistance Amount **** | 1784-1975 (Field 2) |
| State Supplement Amount **** | 1784-1975 (Field 3) |
| PHIST Payment Payflag 1 **** | 1784-1975 (Field 4) |
| PHIST Payment Payflag 2 **** | 1784-1975 (Field 5) |
| Blank | 1976 |
| Overpayment/Underpayment Indicator | 1977 |
| Month of Change | 1978-1983 |
| Budget Month Flag | 1984 |
| Payment Status Code (Current) | 1985-1987 |
| Federal Living Arrangement Code | 1988 |
| Living Arrangement Code - Optional State Supplement | 1989 |
| State and County Code of Jurisdiction (Current) | 1990-1994 |
| Concurrent State Payment Code | 1995 |
| Medicaid Eligibility Code | 1996 |
| Head of Household Indicator | 1997 |
| Marital Status | 1998 |
| Student Indicator | 1999 |
| Earned Income - Net Countable Amount | 2000-2005 |

| DATA ELEMENT | POSITION |
|---|-----------------|
| Unearned Income - Net Countable Amount | 2006-2011 |
| SSI Gross Payable Amount | 2012-2016 |
| State Gross Payable Amount (Current) | 2017-2021 |
| Conditional Payment | 2022 |
| Medicaid Test Indicator | 2023 |
| Federal Eligibility Code | 2024 |
| Optional State Eligibility Code | 2025 |
| Mandatory Eligibility Code | 2026 |
| Deemed Income Amount | 2027-2032 |
| Federal Living Arrangement Code - Budget Month | 2033 |
| Earned Income - Retrospective Net Countable Amount | 2034-2039 |
| Unearned Income Retrospective Net Countable Amount | 2040-2045 |
| Deemed Income Amount Retrospective | 2046-2051 |
| 40 QQ History | 2052-2151 |

* There could be five occurrences of this information.

** There could be eight occurrences of this information

*** There could be nine occurrences of this information.

**** There could be eight occurrences of this information.

**40 QUALIFYING QUARTERS RESPONSE (40 QO RESPONSE) RECORD
LAYOUT - ABRIDGED**

| DATA ELEMENT | POSITION |
|--|-----------------|
| Verified SSN | 1-9 |
| Input SSN | 10-18 |
| Last Name | 19-31 |
| First Name | 32-41 |
| Middle Initial | 42 |
| Date of Birth | 43-50 |
| State Code | 51-53 |
| State Data | 54-75 |
| Minimum Number QQs (1937-1950) | 76-77 |
| Maximum Number QQs (1937-1950) | 78-79 |
| Railroad Service Months (1937-1946) | 80-82 |
| Condition Code | 83-84 |
| Qualifying Quarters Pattern (Occurs 89 Times) | 85-440 |

PRISONER RESPONSE RECORD
LAYOUT - ABRIDGED

| DATA ELEMENT | POSITION |
|--------------------------------|-----------------|
| SVES Prisoner SSN | 1-9 |
| SVES Prisoner Name | 10-39 |
| SVES State Code | 40-42 |
| SVES Welfare ID# | 43-64 |
| Status Code | 65-66 |
| PUPS SSN | 67-75 |
| Last Name | 76-95 |
| First Name | 96-110 |
| Middle Name | 111-125 |
| Suffix | 126-129 |
| Prisoner ID Number | 130-139 |
| Prisoner Date of Birth | 140-147 |
| Sex | 148 |
| Date of Confinement | 149-156 |
| Release Date | 157-164 |
| Report Date | 165-172 |
| Prisoner Reporter Name | 173-232 |
| Prison/Facility Name | 233-292 |
| Prison/Facility Address | 293-380 |
| Facility City | 381-399 |
| Facility State | 400-401 |
| Facility ZIP Code | 402-410 |
| Facility Contact Name | 411-445 |
| Facility Phone | 446-455 |
| Facility FAX # | 456-465 |
| Facility Type | 466-467 |
| Reserved for Future Use | 468-494 |

Source of SVES Information:

The State Verification and Exchange System (SVES) and State Online Query (SOLQ) Manual (*Last revised 02/2007*)

**Information System Security Guidelines
For
Federal, State and Local Agencies
Receiving Electronic Information from the
Social Security Administration**

**Social Security Administration
Office of Systems Security Operations
Management**

Version 3

March 2007

I. Purpose

This document provides security guidelines for Federal, State and Local agencies (hereafter referred to as ‘**outside entity**’) that obtain information electronically from the Social Security Administration (SSA) through information exchange systems. The guidelines are intended to assist SSA’s information exchange partners to understand the criteria SSA will use when evaluating and certifying the system design and security features and protocols used for electronic access to SSA information. The guidelines also will be used as the framework for SSA’s compliance review program of its information exchange partners.

II. Role of the SSA Office of Systems Security Operations Management

The SSA Office of Systems Security Operations Management (OSSOM) has agency-wide responsibility for interpreting, developing and implementing security policy; providing security and integrity review requirements for all major SSA systems; managing SSA’s fraud monitoring and reporting activities, developing and disseminating training and awareness materials and providing consultation and support for a variety of agency initiatives. OSSOM reviews assure external systems that receive information from SSA are secure and operate in a manner that is consistent with SSA’s IT security policies and are in compliance with the terms of information sharing agreements executed by SSA and the outside entity. Within the context of these guidelines, OSSOM conducts periodic compliance reviews of outside entities that use, maintain, transmit or store SSA data in accordance with pertinent Federal requirements to include the following:

- The Federal Information Security Management Act (FISMA)
- Social Security Administration (SSA) policies, standards, procedures and directives.

Correspondence should be sent to:

Director, Office of Systems Security Operations Management
Social Security Administration
Room G-D-10 East High Rise
6401 Security Blvd.
Baltimore, MD 21235

You can also send an email to OSSOM.admin@ssa.gov.

III. General Systems Security Standards

Outside entities that request and receive information from SSA through online, overnight, or periodic batch transmissions must comply with the following general

systems security standards concerning access to and control of SSA information. The outside entity must restrict access to the information to authorized employees who need it to perform their official duties. Similar to IRS requirements, information received from SSA must be stored in a manner that is physically and electronically secure from access by unauthorized persons during both duty and non-duty hours, or when not in use. SSA information must be processed under the immediate supervision and control of authorized personnel. The outside entity must employ both physical and technological safeguards to ensure that unauthorized personnel cannot retrieve SSA information by means of computer, remote terminal or other means.

All persons who will have access to any SSA information must be advised of the confidentiality of the information, the safeguards required to protect the information, and the civil and criminal sanctions for non-compliance contained in the applicable Federal and State laws. SSA, or its designee will, at SSA's discretion, conduct on-site inspections or make other provisions to ensure that adequate safeguards are being maintained by the outside entity

IV. Technical and Procedural System Security Requirements

Outside entities that receive SSA information must comply with the following technical and procedural systems security requirements which must be met before SSA will approve a request for access to SSA information. The outside entity's system security design and procedures must conform to these requirements. They must be documented by the outside entity and certified by SSA prior to initiating transactions to and from SSA through batch data exchange processes or online processes such as State On Line Query (SOLQ) or Internet SOLQ.

No specific format for submitting security compliance documentation to SSA is required. However, regardless of how it is presented, the information should be submitted to SSA in both hardcopy and electronic format, and the hardcopy should be submitted over the signature of an official representative of the outside entity with authority to certify the organization's intent to comply with SSA requirements. Written documentation should address each of the following security control areas:

A. General System Security Design and Operating Environment

The outside entity must provide a written description of its system configuration and security features. This should include the following:

1. A general description of the major hardware, software and communications platforms currently in use, including a description of the system's security design features and user access controls; and
2. A description of how SSA information will be obtained by and presented to users, including sample computer screen presentation formats and an

explanation of whether the system will request information from SSA by means of systems generated or user initiated transactions; and

3. A description of the organizational structure and relationships between systems managers, systems security personnel, and users, including an estimate of the number of users that will have access to SSA data within the outside entity's system and an explanation of their job descriptions.

Meeting this Requirement

Outside entities must explain in their documentation the overall design and security features of their system. During onsite certification and periodic compliance reviews, SSA will use the outside entity's design documentation and discussion of the additional systems security requirements (following) as their guide for conducting the onsite certification and compliance reviews and for verifying that the outside entity's systems and procedures conform to SSA requirements.

Following submission to the SSA in connection with the initial certification process, the documentation must be updated any time significant architectural changes are made to the system or to its' security features. During its future compliance reviews (see below), the SSA will ask to review the updated design documentation as needed.

B. Automated Audit Trail

Outside entities that receive information electronically from SSA are required to maintain an automated audit trail record identifying either the individual user, or the system process, that initiated a request for information from SSA. (Every request for information from SSA should be traceable to the individual or system process that initiated the transaction.) Outside entities that request information from SSA only through batch selection processes from their client data bases need only keep audit trail records identifying the process that generated the transactions forwarded to SSA. However, if such processes are triggered as a result of user requests initiated from the entity's client data base, then the audit trail record must be able to identify the user who initiated the transaction. The audit trail system must be capable of data collection, data retrieval and data storage. At a minimum, individual audit trail records must contain the data needed to associate each query transaction to its initiator and relevant business purpose (i.e. the outside entity's client record for which SSA data was requested), and each transaction must be time and date stamped. Each query transaction must be stored in the audit file as a separate record, not overlaid by subsequent query transactions.

Access to the audit file must be restricted to authorized users with a "need to know" and audit file data must be unalterable (read only) and maintained for

a minimum of three (preferably seven) years. Retrieval of information from the automated audit trail may be accomplished online or through batch access. This requirement must be met before SSA will approve the outside entity's request for access to SSA information.

If SSA-supplied information is retained in the outside entity's system, or if certain data elements within the outside entity's system will indicate to users that the information has been verified by SSA, the outside entity's system also must capture an audit trail record of any user who views SSA information stored within the outside entity's system. The audit trail requirements for these inquiry transactions are the same as those outlined above for the outside entity's transactions requesting information directly from SSA.

Note: Outside entities that receive SSA information through batch processes must maintain an audit trail, but record retrieval may be either manual or automated. For SOLQ/SOLQ-I, the audit trail must be fully automated, including retrieval of individual audit transaction records.

Meeting this Requirement

The outside entity must include in their documentation a description of their audit trail capability and a discussion of how it conforms to SSA's requirements. During onsite certification and compliance reviews, the SSA, or other certifier, will request a demonstration of the system's audit trail and retrieval capability. The outside entity must be able to identify employees who initiate online requests for SSA information (or, for systems generated transaction designs, the client case that triggered the transaction), the time and date of the request, and the purpose for which the transaction was originated. The certifier will request a demonstration of the system's capability for tracking the activity of employees that are permitted to view SSA supplied information within the outside entity system, if applicable.

During periodic compliance reviews (see below), the SSA also will test the outside entity's audit trail capability by requesting verification of a sample of transactions it has received from the outside entity after implementation of access to SSA information

C. System Access Control

The outside entity must utilize and maintain technological (logical) access controls that limit access to SSA information to only those users authorized for such access based on their official duties. The outside entity must use a recognized user access security software package (e.g. RAC-F, ACF-2, TOP SECRET) or an equivalent security software design. The access control software must utilize personal identification numbers (PIN) and passwords (or biometric identifiers) in combination with the user's system identification

code. The outside entity must have management control and oversight of the function of authorizing individual user access to SSA information, and over the process of issuing and maintaining access control PINs and passwords for access to the outside entity's system.

Meeting this Requirement

The outside entity must include in their documentation a description of their technological access controls, including identifying the type of software used, an overview of the process used to grant access to protected information for workers in different job categories, and a description of the administrative function or official responsible for PIN/password issuance and maintenance.

During onsite certification and compliance reviews, the SSA will meet with the individual(s) responsible for these functions to verify their responsibilities in the outside entity's access control process and will observe a demonstration of the procedures for logging onto the outside entity's system and accessing SSA information.

D. Monitoring and Anomaly Detection

The outside entity's system must include the capability to prevent employees from browsing (i.e. unauthorized access or use of SSA information) SSA records for information not related to a legitimate client case (e.g. celebrities, other employees, relatives, etc.) If the outside entity system design is transaction driven (i.e. employees cannot initiate transactions themselves; rather, the system triggers the transaction to SSA), or if the design includes a "permission module" (i.e. the transaction requesting information from SSA cannot be triggered by an employee unless the client system contains a record containing the client's Social Security Number), then the outside entity needs only minimal additional monitoring and anomaly detection. If such designs are used, the outside entity only needs to monitor any attempts by their employees to obtain information from SSA for clients not in their client system, or attempts to gain access to SSA data within the outside entity system by employees not authorized to have access to such information.

If the outside entity design does not include either of the security control features described above, then the outside entity must develop and implement compensating security controls to prevent their employees from browsing SSA records. These controls must include monitoring and anomaly detection features, either systematic, manual, or a combination thereof. Such features must include the capability to detect anomalies in the volume and/or type of queries requested by individual employees, and systematic or manual procedures for verifying that requests for SSA information are in compliance with valid official business purposes. The system must produce reports

providing management and/or supervisors with the capability to appropriately monitor user activity, such as:

- User ID exception reports

This type of report captures information about users who enter incorrect user ID's when attempting to gain access to the system or to the transaction that initiates requests for information from SSA, including failed attempts to enter a password.

- Inquiry match exception reports

This type of report captures information about users who may be initiating transactions for Social Security Numbers that have no client case association within the outside entity system. **(100% of these cases must be reviewed by management.)**

- System error exception reports

This type of report captures information about users who may not understand or be following proper procedures for access to SSA information.

- Inquiry activity statistical reports

This type of report captures information about transaction usage patterns among authorized users, which would provide a tool to the outside entity's management for monitoring typical usage patterns compared to extraordinary usage.

The outside entity must have a process for distributing these monitoring and exception reports to appropriate local managers/supervisors, or to local security officers, to ensure that the reports are used by those whose responsibilities include monitoring the work of the authorized users.

Meeting this Requirement

The outside entity must explain in their documentation how their system design will monitor and/or prevent their employees from browsing SSA information. If the design is based on a "permission module" (see above), a similar design, or is transaction driven (i.e. no employee initiated transactions) then the outside entity does not need to implement additional systematic and/or managerial oversight procedures to monitor their employees access to SSA information. The outside entity only needs to monitor user access control violations. The documentation should clearly

explain how the system design will prevent outside entity employees from browsing SSA records.

If the outside entity system design permits employee initiated transactions that are uncontrolled (i.e. no systematically enforced relationship to an outside entity client), then the outside entity must develop and document the monitoring and anomaly detection process they will employ to deter their employees from browsing SSA information. The outside entity should include sample report formats demonstrating their capability to produce the types of reports described above. The outside entity should include a description of the process that will be used to distribute these reports to managers/supervisors, and the management controls that will ensure the reports are used for their intended purpose.

During onsite certification and compliance reviews, the SSA will request a demonstration of the outside entity's monitoring and anomaly detection capability.

- If the design is based on a permission module or similar design, or is transaction driven, the outside entity will demonstrate how the system triggers requests for information from SSA.
- If the design is based on a permission module, the outside entity will demonstrate the process by which requests for SSA information are prevented for Social Security Numbers not present in the outside entity system (e.g. by attempting to obtain information from SSA using at least one, randomly created, fictitious number not known to the outside entity system.)
- If the design is based on systematic and/or managerial monitoring and oversight, the outside entity will provide copies of anomaly detection reports and demonstrate the report production capability.

During onsite certification and periodic compliance reviews, the SSA will meet with a sample of managers and/or supervisors responsible for monitoring ongoing compliance to assess their level of training to monitor their employee's use of SSA information, and for reviewing reports and taking necessary action.

E. Management Oversight and Quality Assurance

The outside entity must establish and/or maintain ongoing management oversight and quality assurance capabilities to ensure that only authorized employees have access to SSA information and to ensure there is ongoing

compliance with the terms of the outside entity's data exchange agreement with SSA. The management oversight function must consist of one or more outside entity management officials whose job functions include responsibility for assuring that access to and use of SSA information is appropriate for each employee position type for which access is granted.

This function also should include responsibility for assuring that employees granted access to SSA information receive adequate training on the sensitivity of the information, safeguards that must be followed, and the penalties for misuse, and should perform periodic self-reviews to monitor ongoing usage of the online access to SSA information. In addition, there should be the capability to randomly sample work activity involving online requests for SSA information to determine whether the requests comply with these guidelines. These functions should be performed by outside entity employees whose job functions are separate from those who request or use information from SSA.

Meeting this Requirement

The outside entity must document that they will establish and maintain ongoing management oversight and quality assurance capabilities for monitoring the issuance and maintenance of user ID's for online access to SSA information, and oversight and monitoring of the use of SSA information within the outside entity's business process. The outside entity should describe how these functions will be performed within their organization and identify the individual(s) or component(s) responsible for performing these functions.

During onsite certification and compliance reviews, the SSA will meet with the individual(s) responsible for these functions and request a description of how these responsibilities will be carried out.

F. Security Awareness and Employee Sanctions

The outside entity must establish and/or maintain an ongoing function that is responsible for providing security awareness training for employees that includes information about their responsibility for proper use and protection of SSA information, and the possible sanctions for misuse. Security awareness training should occur periodically or as needed, and should address the Privacy Act and other Federal and State laws governing use and misuse of protected information. In addition, there should be in place a series of administrative procedures for sanctioning employees who violate these laws through the unlawful disclosure of protected information.

Meeting this Requirement

The outside entity must document that they will establish and/or maintain an ongoing function responsible for providing security awareness training for employees that includes information about their responsibility for proper use and protection of SSA information, and the possible sanctions for misuse of SSA information. The outside entity should describe how these functions will be performed within their organization, identify the individual(s) or component(s) responsible for performing the functions, and submit copies of existing procedures, training material and employee acknowledgment statements.

During onsite certification and periodic compliance reviews, the SSA will meet with the individuals responsible for these functions and request a description of how these responsibilities are carried out. The SSA will also meet with a sample of outside entity employees to assess their level of training and understanding of the requirements and potential sanctions applicable to the use and misuse of SSA information.

G. Data and Communications Security

The outside entity will encrypt all SSN and/or SSN-related information when it is transmitted across dedicated communications circuits between its system, or for intrastate communication among its local office locations. The encryption method employed must meet acceptable standards designated by the National Institute of Standards and Technology (NIST). The recommended encryption method to secure data in transport for use by SSA is the Advanced Encryption Standard (AES) or triple DES (DES3) if AES is unavailable.

H. SOLQ/SOLQ-I Onsite Systems Security Certification Review

The outside entity must participate in an onsite review and compliance certification of their security infrastructure and implementation of these security requirements prior to being permitted to submit online transaction to SSA through the SOLQ/SOLQ-I system. The onsite certification and compliance reviews will address each of the requirements described above and will include, where appropriate, a demonstration of the outside entity's implementation of each requirement. The review will include a walkthrough of the outside entity's data center to observe and document physical security safeguards, a demonstration of the outside entity's implementation of online access to SSA information, and discussions with managers/supervisors. The SSA, or other certifier, also will visit at least one of the outside entity's field offices to discuss the online access to SSA information with a sample of line workers and managers to assess their level of training and understanding of the proper use and protection of SSA information.

The SSA will separately document and certify the outside entity's compliance with each SSA security requirement. Any unresolved or unimplemented security control features must be resolved by the outside entity before SSA will authorize their connection to SSA through the SOLQ or SOLQ-I system.

Following a successful security certification review, both parties will sign a document indicating the entity's willingness to comply with these guidelines. Thereafter, the outside entity must participate in a follow-up certification review conducted by SSA after live transmission of online information, and in periodic compliance reviews conducted according to the timeframe established by the information sharing agreement with SSA.

I. Periodic Onsite Compliance Reviews

SSA conducts onsite compliance reviews approximately once every three years, or as needed if there is a significant change in the outside entity's computing platform, or if there is a violation of any of SSA's systems security requirements or an unauthorized disclosure of SSA information by the outside entity. The format of those reviews generally consists of reviewing and updating the outside entity's compliance with the systems security requirements described above.

ATTACHMENT D

Worksheet for Reporting Loss or Potential Loss of Personally Identifiable Information (PII)

1. Information about the individual making the report:

| | | | | | |
|-------------------------------------|---------------------|------|------------------|------------|----------------|
| Name | | | | | |
| Position | | | | | |
| State Agency/Company | | | | | |
| Phone Numbers | | | | | |
| Work | | Cell | | Home/Other | |
| Email Address | | | | | |
| Position Type (<i>select one</i>) | | | | | |
| | Management Official | | Security Officer | | Non-Management |

2. Information about the data that was lost/stolen:

Describe what was lost or stolen (*e.g., case file, MBR data*):

Which element(s) of PII did the data contain?

| | | | |
|---------------------------|--|-----------------------------|--|
| Name | | Bank Account Information | |
| SSN | | Medical/Health Information | |
| Date of Birth | | Benefit Payment Information | |
| Place of Birth | | Mother's Maiden Name | |
| Address | | | |
| Other (<i>describe</i>) | | | |

| | |
|--------------------------------------|--|
| Estimated volume of records involved | |
|--------------------------------------|--|

3. How was the data physically stored, packaged and/or contained?

Paper or Electronic (*circle one and continue below*):

If Electronic, what type of device?

| | | | | | | | |
|---------------------------|--|-------------|--|-------------|--|--------------------|--|
| Laptop | | Tablet | | Backup Tape | | Blackberry | |
| Workstation | | Server | | CD/DVD | | Blackberry Phone # | |
| Hard Drive | | Floppy Disk | | USB Drive | | | |
| Other (<i>describe</i>) | | | | | | | |

Additional questions, if electronic:

| | Yes | No | Not Sure |
|---|-----|----|----------|
| a. Was the device encrypted? | | | |
| b. Was the device password protected? | | | |
| c. If a laptop or tablet, was a VPN SmartCard lost? | | | |
| Cardholder's Name | | | |
| Cardholder's SSA logon PIN | | | |
| Hardware Make/Model | | | |
| Hardware Serial # | | | |

If Paper:

| | Yes | No | Not Sure |
|--|-----|----|----------|
| a. Was the information in a locked briefcase? | | | |
| b. Was the information in a locked cabinet or drawer? | | | |
| c. Was the information in a locked vehicle trunk? | | | |
| d. Was the information redacted (personal information deleted or blacked out)? | | | |
| e. Other (<i>describe</i>) | | | |

4. Information about the individual in possession of the data at the time of loss (if same individual as in #1, please indicate "Same as in #1"):

| | | | | | |
|----------------------|--|------|--|------------|--|
| Name | | | | | |
| Position | | | | | |
| State Agency/Company | | | | | |
| Phone Numbers: | | | | | |
| Work | | Cell | | Home/Other | |
| Email Address | | | | | |
| | | | | | |

If person who was in possession of the data or assigned to the data is a contractor employee:

| | | |
|---|--|--|
| Contractor | | |
| State Agency Contract Identification Number (<i>if known</i>) | | |

5. Circumstances of the loss:

| |
|---|
| a. When was it lost/stolen? |
| b. Brief description of how the loss/theft occurred: |
| c. When was it reported to an SSA management official (<i>date and time</i>)? |

6. **Have any other SSA components/individuals been contacted? If so, who?** (include Deputy Commissioner-level, Agency-level, Regional/Associate-level component names)

| Name | SSA Component | Phone Number |
|------|---------------|--------------|
| | | |
| | | |

7. **What reports have been filed?** (include local police, and SSA reports)

| Report Filed | Yes | No | Report Number |
|---------------------------|-----|----|---------------|
| Local Police | | | |
| Other (<i>describe</i>) | | | |