

Program No. 0391-S Term Date of Award To June 30, 2012								
Title: MID YEAR MAILER OCR FORM NOTICES								
National Change of Address (NCOA) Notices								
Step Parent Notices								
Fee Adjustment Notices								
formerly 856s								
			SOURCELINK OHIO, LLC		DATA INTEGRATORS		CURRENT CONTRACTOR	
			MIAMISBURG, OH		FREDERICKSBURG, VA		DATA INTEGRATORS	
ITEM NO	DESCRIPTION	BASIS OF AWARD	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST
I. COMPOSITION:								
(a)	Notices and Scannable Forms.....per page	85	39.00	3,315.00	NC	0.00	NC	0.00
(b)	Envelopes.....per envelope	15	25.00	375.00	NC	0.00	NC	0.00
II. PRINTING/IMAGING AND BINDING/ CONSTRUCTION:								
(a)	Makeready/setup charge.....	11	125.00	1,375.00	NC	0.00	NC	0.00
(b)	Notices and Scannable Forms: Prtg in black							
per 100 pages	73,793	1.073	79,179.89	1.30	95,930.90	1.30	95,930.90
(c)	Envelopes: Prtg in black, including construction							
per 100 envelopes	30,023	0.83	24,919.09	2.30	69,052.90	3.70	111,085.10
III. PAPER: Per 100 Leaves								
(a)	Notices, forms, and inserts, 8-1/2 x 11" White OCR Bond, 20-lb or White Offset Bk, 50-lb	44,545	0.761	33,898.75	0.60	26,727.00	0.60	26,727.00
(b)	Mail-out Envelopes 6-1/8 x 9-1/2" Wht Wrtg, 24-lb or White Offset Book, 60-lb	21,775	1.25	27,218.75	0.60	13,065.00	0.60	13,065.00
(c)	CRM/BRM Return Reply Envelope 5-3/4 x 8-3/4" Wht Wrtg, 20-lb or White Offset Book, 50-lb	8,248	1.25	10,310.00	0.60	4,948.80	0.60	4,948.80
IV. ASSEMBLY/PACKAGING AND MAILING: Per 100 Mailers								
(a)	All Mailers: Inserting of required material for each mailer.....	21,775	1.78	38,759.50	1.60	34,840.00	2.00	43,550.00
V. PRE-PRODUCTION TESTS:								
(a)	Wire Transmission Test.....	1	0.00	0.00	NC	0.00	NC	0.00
(b)	Pre-production Validation Test OR Systems change/New Notice Files Validation Test	1	4,131.00	4,131.00	4,000.00	4,000.00	4,000.00	4,000.00
CONTRACTOR TOTALS				\$223,481.97		\$248,564.60		\$299,306.80
DISCOUNT				0.00%	\$0.00	2.00%	\$4,971.29	2.00% \$5,986.14
DISCOUNTED TOTALS				\$223,481.97		\$243,593.31		\$293,320.66

U.S. GOVERNMENT PRINTING OFFICE
Washington, DC

GENERAL TERMS, CONDITIONS, AND SPECIFICATIONS

For the Procurement of

Mid Year Mailer OCR Forms Notices
National Change of Address (NCOA) Notices
Step Parent Notices
Fee Adjustment Notices

as requisitioned from the U.S. Government Printing Office (GPO) by the

Social Security Administration (SSA)

Single Award

TERM OF CONTRACT: The term of this contract is for the period beginning **Date of Award** and ending **June 30, 2012** plus up to *four (4)* optional 12-month extension periods that may be added in accordance with the "Option to Extend the Term of the Contract" clause in SECTION 1 of this contract.

Contractor interfacing with SSA's National File Transfer Management System (FTMS) for electronic transmission of files from SSA to the production facility will take place from Date of Award through June 30, 2011, actual production begins July 1, 2011.

BID OPENING: Bids shall be publicly opened at 11:00 a.m., prevailing Washington, DC time, on **March 28, 2011**

BID SUBMISSION: Submit bid in pre-addressed envelope furnished with solicitation or send to: U.S. Government Printing Office, Bid Section, Room C-161, STOP: PPSB, 36 H Street, NW, Washington, DC 20401. Facsimile bids in response to this solicitation are permitted. Facsimile bids may be submitted directly to the GPO Bid Section, Fax No. (202) 512-1782. The program number and bid opening date must be specified with the bid. Refer to Facsimile Bids in Solicitation Provisions of GPO Contract Terms, GPO Publication 310.2, as revised June 2001.

RESTRICTION ON LOCATION OF PRODUCTION FACILITIES: Due to the security requirements set forth in these specifications, all printing must be produced in the United States. The Federal Bureau of Investigation has limited jurisdiction outside the United States and would not be able to oversee and enforce these requirements

PLEASE NOTE: These specifications have been extensively revised. Bidders are cautioned to familiarize themselves with all provisions of these specifications before bidding. In addition special attention is directed to the **SECURITY REQUIREMENTS** and **PRE-PRODUCTION TESTING**.

Abstracts of contract prices are available at <http://www.gpo.gov/gpo/abstracts/abstract.action?region=Central>

For information of a technical nature call **David Love** at (202) 512-0310 (No collect calls)

SECTION 1 - GENERAL TERMS AND CONDITIONS

GPO CONTRACT TERMS: Any contract which results from this Invitation for Bid will be subject to the applicable provisions, clauses, and supplemental specifications of GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987 (Rev. 6-01)) and GPO Contract Terms, Quality Assurance through Attributes Program for Printing and Binding (GPO Publication 310.1, effective May 1979 (Rev. August 2002)).

GPO Contract Terms (GPO Publication 310.2) – <http://www.gpo.gov/pdfs/vendors/sfas/terms.pdf>.

GPO QATAP (GPO Publication 310.1) – <http://www.gpo.gov/pdfs/vendors/sfas/qatap.pdf>.

DISPUTES: GPO Publication 310.2, GPO Contract Terms, Contract Clause 5. Disputes, is hereby replaced with the June 2008 clause found at www.gpo.gov/pdfs/vendors/contractdisputes.pdf. This June 2008 clause also cancels and supersedes any other disputes language currently included in existing contractual actions.

SUBCONTRACTING: The predominant production function is the laser/ion deposition imaging and inserting of data from electronically transmitted files. Any bidder who can not perform the imaging of variable data and the inserting portions of the mailing packet will be declared non-responsible. Contractor may subcontract the printing of the base form notices (static information) and envelopes.

Note: The contractor shall be responsible for enforcing all contract requirements outsourced to a subcontractor

If the Contractor wishes to add a subcontractor at any time after award the subcontractor must be approved by the Government prior to production starting in that facility. If the sub-contractor is not approved by the Government then the contractor must submit a new subcontractor's information to the Government for approval 30 calendar days prior to the start of production at that facility.

NOTE: If the contractor plans to enter into a "Contractor Team Arrangement", or Joint Venture, to fulfill any requirements of this contract, they must comply with the terms and regulations as detailed in the Printing Procurement Regulation – (GPO Publication 305.3; Rev. 2-11).

QUALITY ASSURANCE LEVELS AND STANDARDS: The following levels and standards shall apply to these specifications:

Product Quality Levels:

- (a) Printing (page related) Attributes – Level III.
- (b) Finishing (item related) Attributes – Level III.

Inspection Levels (from ANSI/ASQC Z1.4):

- (a) Non-destructive Tests – General Inspection Level I.
- (b) Destructive Tests – Special Inspection Level S-2.
- (c) Transparent low gloss poly-type window material, covering the envelope window, must pass a readability test with a rejection rate of less than 1/4% when run through a USPS OCR scanner.
- (d) Exception: ANSI X3.17 "Character Set for Optical Character Recognition (OCR A)" shall apply to these specifications. The revisions of this standard which are effective as of the date of this contract are those which shall apply.
- (e) Exception: The Data Matrix 2D barcodes must be in accordance with the requirements of ANSI MH 10.8.3M unless otherwise specified.

ANSI Standards may be obtained from the American National Standards Institute, 25 West 43rd Street, 4th Floor, New York, NY 10036.

NOTE: The scannable forms produced under these specifications must be guaranteed to function properly when processed through the WBD0C Integrated Based Data Capture System (IIDBCS). The bar coding must be readable by all standard barcode scanning devices regardless of the contractor's method of reproducing the codes. SSA's current Equipment: WDR Reader – Worthington Data Solutions and High Speed Scanners. Forms require precision spacing, printing, trimming, and folding.

Specified Standards: The specified standards for the attributes requiring them shall be:

<u>Attribute</u>	<u>Specified Standard</u>
P-7. Type Quality and Uniformity	Manuscript Copy/Camera copy Average Type Dimension in Publication/ Electronic Media/Cartridges
P-9. Solid and Screen Tint Color Match	Pantone Matching System

OPTION TO EXTEND THE TERM OF THE CONTRACT: The Government has the option to extend the term of this contract for a period of 12 months by written notice to the contractor not later than 30 days before the contract expires. If the Government exercises this option, the extended contract shall be considered to include this clause, except, the total duration of the contract may not exceed **five (5) years** as a result of, and including, any extension(s) added under this clause. Further extension may be negotiated under the "EXTENSION OF CONTRACT TERM" clause. See also "ECONOMIC PRICE ADJUSTMENT" for authorized pricing adjustment(s).

EXTENSION OF CONTRACT TERM: At the request of the Government, the term of any contract resulting from this solicitation may be extended for such period of time as may be mutually agreeable to the GPO and the contractor.

ECONOMIC PRICE ADJUSTMENT: The pricing under this contract shall be adjusted in accordance with this clause, provided that in no event will any pricing adjustment be made that would exceed the maximum permissible under any law in effect at the time of the adjustment. There will be no adjustment for orders placed during the first period specified below. Pricing will thereafter be eligible for adjustment during the second and any succeeding performance period(s). For each performance period after the first, a percentage figure will be calculated as described below and that figure will be the economic price adjustment for that entire next period. Pricing adjustments under this clause are not applicable to reimbursable postage or transportation costs, or to paper, if paper prices are subject to adjustment by separate clause elsewhere in this contract.

For the purpose of this clause, performance under this contract will be divided into successive periods. The first period will extend from the **Date of Award** to **June 30, 2012**, and the second and any succeeding period(s) will extend for 12 months from the end of the last preceding period, except that the length of the final period may vary. The first day of the second and any succeeding period(s) will be the effective date of the economic price adjustment for that period.

Pricing adjustments in accordance with this clause will be based on changes in the seasonally adjusted "Consumer Price Index For All Urban Consumers - Commodities Less Food" (Index) published monthly in the CPI Detailed Report by the U.S. Department of Labor, Bureau of Labor Statistics.

The economic price adjustment will be the percentage difference between Index averages as specified in this paragraph. An index called the variable index will be calculated by averaging the monthly Indexes from the 12-month interval ending three (3) months prior to the beginning of the period being considered for adjustment. This average is then compared to the average of the monthly Indexes for the 12-month interval ending **March 31, 2011**, called the base index. The percentage change (plus or minus) of the variable index from the base index will be the economic price adjustment for the period being considered for adjustment.

The Government will notify the contractor by contract modification specifying the percentage increase or decrease to be applied to invoices for orders placed during the period indicated. The contractor shall apply the percentage increase or decrease against the total price of the invoice less reimbursable postage or transportation costs and separately adjusted paper prices. Payment discounts shall be applied after the invoice price is adjusted.

SECURITY REQUIREMENTS: The contractor shall maintain in operation, an effective security system where items by these specifications are manufactured and/or stored (awaiting distribution or disposal) to assure against theft and/or the product ordered falling into unauthorized hands.

Within five (5) workdays of the Government's request, the contractor being considered for award shall submit a **Security Plan** for review and approval by the Government. The plan shall contain at a minimum:

- (1) How Government files (data) will be secured to prevent disclosure to a third party;
- (2) How the disposal of waste materials will be handled;
- (3) How all applicable Government-mandated security/privacy/rules and regulations as cited in this contract shall be adhered to by the contractor and/or subcontractor(s).

Contractor is cautioned that no Government provided information shall be used for non-government business. Specifically, no Government information shall be used for the benefit of a third party. The Government retains the right to conduct on-site security reviews at any time during the term of the contract.

Protection of Confidential Information:

- (a) The Contractor shall restrict access to all confidential information obtained from the Social Security Administration (SSA) in the performance of this contract to those employees and officials who need it to perform the contract. Employees and officials who need access to confidential information for performance of the contract will be determined at the post award conference between the Contracting Officer and the responsible Contractor representative.
- (b) The Contractor shall process all confidential information obtained from SSA in the performance of this contract under the immediate supervision and control of authorized personnel, and in a manner that will protect the confidentiality of the records in such a way that unauthorized persons cannot retrieve any such records.
- (c) The Contractor shall inform all personnel with access to the confidential information obtained from Social Security Administration (SSA) in the performance of this contract of the confidential nature of the information and the safeguards required to protect this information from improper disclosure.
- (d) For knowingly disclosing information in violation of the Privacy Act, the Contractor and the Contractor employees may be subject to the criminal penalties as set forth in 5 U.S.C Section 552a (i) (1), which is made applicable to Contractors by 5 U.S.C. 552a (m) (1) to the same extent as employees of the SSA. For knowingly disclosing confidential information as described in section 1106 of the Social Security Act (42 U.S.C. 1306), the Contractor and Contractor's employees may also be subject to the criminal penalties as set forth in that provision.
- (e) The Contractor shall assure that each Contractor employee with access to confidential information knows the prescribed rules of conduct, and that each Contractor employee is aware that he/she may be subject to criminal penalties for violations of the Privacy Act and/or the Social Security Act. When the Contractor employees are made aware of this information; they will be required to sign the **SSA-301, Contractor Personnel Security Certification** (Exhibit A under GOVERNMENT TO FURNISH). A copy of this signed certification must be forwarded to: SSA, Printing Management Branch, Attn: Fu Weems/Jamey Cunningham, 1357 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235- 6401 and a copy must also be forwarded to: US Government Printing Office, North Capitol and H Streets, NW, Attn.: AST4, STOP: CSAPS, Room C838, Washington, DC 20401.
- (f) All confidential information obtained from SSA for use in the performance of this contract shall, at all times, be stored in an area that is physically safe from unauthorized access.

- (g) Performance of this contract may involve access to tax return information as defined in 26 U.S.C. Section 6103(b) of the Internal Revenue Code (IRC). All such information shall be handled as confidential and may not be disclosed without the written permission of SSA. For willingly disclosing confidential tax return information in violation of the IRC, the Contractor and Contractor employees may be subject to the criminal penalties set forth in 26 U.S.C. Section 7213.
- (h) The Government reserves the right to conduct on-site visits to review the Contractor's documentation and in-house procedures for protection of confidential information.
- (i) If a subcontractor is used for the sorting and/or mailing of the notices of this contract the sub-contractor must conform to all security requirements of the contract.

SECURITY WARNING: It is the contractor's responsibility to properly safeguard personally identifiable information from loss, theft or inadvertent disclosure and to immediately notify the Government of any loss of personally identifiable information. Personal identifiable information (PII) includes a person's name, date of birth, Social Security Number, address or benefit payment data.

All employees working on this contract must:

- Be familiar with current information on security, privacy and confidentiality as they relate to the requirements of this contract.
- Obtain pre-screening authorization before using sensitive or critical applications pending a final suitability determination as applicable to the specifications.
- Lock or logoff their workstation/terminal prior to leaving it unattended.
- Act in an ethical, informed and trustworthy manner.
- Protect sensitive electronic records.
- Be alert to threats and vulnerabilities to their systems.

Contractor's managers working on this contract must:

- Monitor use of mainframes, PCs, LANs, and networked facilities to ensure compliance with national and local policies, as well as the Privacy Act statement.
- Ensure that employee screening for sensitive positions within their department has occurred prior to any individual being authorized access to sensitive or critical applications.
- Implement, maintain, and enforce the security standards and procedures as they appear in this contract and as outlined by the contractor.
- Contact the security officer within 24 hours whenever a systems security violation is discovered or suspected.

Applicability:

The responsibility to protect personally identifiable information applies during the entire term of this contract and all option year terms if exercised.

All contractors must secure and retain written acknowledgement from their employees stating they understand these policy provisions and their duty to safeguard personally identifiable information.

These policy provisions include, but are not limited to, the following:

- Employees are required to have locking file cabinets or desk drawers for storage of confidential material, if applicable.
- Material is not to be taken from the contractor's facility without express permission from the Government.
- Employees must safeguard and protect all Government records from theft and damage while being transported to and from contractor's facility.

The following list provides examples of situations where personally identifiable information is not properly safeguarded:

- Leaving an unprotected computer containing Government information in a non-secure space (e.g., leaving the computer unattended in a public place, in an unlocked room, or in an unlocked vehicle).
- Leaving an unattended file containing Government information in a non-secure area (e.g., leaving the file in a break-room or on an employee's desk).
- Storing electronic files containing Government information on a computer or access device (flash drive, CD, etc.) that other people have access to (not password-protected).

This list does not encompass all failures to safeguard personally identifiable information but is intended to act as an alert to the contractor's employees to situations that must be avoided. Misfeasance occurs when an employee is authorized to access Government information that contains sensitive or personally identifiable information and, due to the employee's failure to exercise due care, the information is lost, stolen or inadvertently released. Whenever the contractor's employee has doubts about a specific situation involving their responsibilities for safeguarding personally identifiable information, they should consult the Contracting Officer or the Contract Administrator.

PREAWARD SURVEY: In order to determine the responsibility of the prime contractor or any subcontractor, the Government reserves the right to conduct an on-site preaward survey of all of the contractor's and subcontractor's computer, printing, inserting, and mailing equipment which will be used on this contract or to require other evidence of technical, production, managerial, financial, and similar abilities to perform, prior to the award of a contract.

The Preaward Survey will include a review of: all subcontractors involved, along with their specific functions; and the contractor's mail, material, personnel, production, quality control/recovery program, security and backup facility plans as required by this specification.

PRODUCTION PLANS: The contractor shall present, in writing, to the Contracting Officer within five (5) workdays of being notified to do so by the Contracting Officer or his/her representative, detailed plans for each of the following activities. The workday after notification to submit will be the first day of the schedule

If award is predicated on the purchase of production and/or systems equipment to meet the file transmission requirements, the contractor must provide purchase order(s) with delivery date(s) at least 45 days prior to the established production date.

NOTE: Proposed plans are subject to review and approval by the Government. SSA reserves the right to waive some or all plans.

Backup Facility: The failure to deliver these notices/forms/publications in a timely manner would have an impact on the daily operations of SSA. Therefore, if for any reason(s) (act of God, labor disagreements, etc.) the contractor is unable to perform at said locations for a period longer than five (5) workdays, contractor must have a backup facility with the capability of producing the notices/forms/publications.

Plans for their contingency production must be prepared and submitted to the Contracting Officer as part of the preaward survey. These plans must include the location of the facility to be used, equipment available at the facility, and a timetable for the start of production at that facility. Part of the plan must also include the transportation of Government materials from one facility to another. SSA has the option to install a T1 line into the backup facility.

Note: All terms and conditions of this contract will apply to the backup facility.

Quality Control Plan: The Contractor shall provide and maintain, within their own organization, an independent quality assurance organization of sufficient size and expertise to monitor the operations performed and inspect the products of each operation to a degree and extent that will ensure the Government's quality assurance, inspection and acceptance provisions herein are met. The Contractor shall perform, or have performed, the process controls, inspections and tests required to substantiate that the products provided under this contract conform to the specifications and contract requirements.

The Contractor shall describe in detail their quality control/quality assurance and recovery plans describing how, when and by whom the plans will be performed.

The quality control plan must also include examples and a detailed description of all quality control samples and their corresponding inspection reports or logs the contractor will keep to document the quality control inspections performed on each run. Furthermore, the plan must include the names of all quality assurance officials and describe their duties in relationship to the quality control plan.

The quality control plan must account for the number of pieces mailed daily, and must also cover the security over the postage meters as well as the controls for the setting of the meters (if meters will be used).

Quality Control Sample Plan: The plan must provide a description of how the contractor will create quality control samples for periodic samplings to be taken during the production run, and shall contain control systems that will detect defective or missing/mutilated pieces.

The plan should include the sampling interval the contractor intends to utilize. The contractor will be required to create two quality control samples to be drawn from the production stream at the same time. One sample will be drawn, inspected and retained as part of the contractor's quality assurance records.

The second sample drawn for the Social Security Administration will be packed with the remaining samples associated with each print order and shipped to the Social Security Administration (address to be supplied at the post-award meeting).

The plan shall detail the actions to be taken by the Contractor when either defects or missing/mutilated items are discovered. These actions must be consistent with the requirements found in GPO Contract Terms (GPO Pub. 310.2, effective December 1, 1987; Rev. 6-01).

The plan shall monitor all aspects of the job including material handling and mail flow, to assure that the production and delivery of these notices meet specifications and Government requirements. This includes maintaining 100% accountability in the accuracy of imaging and mailing of all pieces throughout each run. The Contractor must ensure that there are no missing or duplicate pieces.

The contractor must maintain quality control samples, inspection reports and records for a period of no less than 120 days subsequent to the date of the check tendered for final payment by the Government Printing Office. The Government will periodically verify that the Contractor is complying with the approved quality control plan through on-site examinations and/or requesting copies of the Contractor's quality assurance records and quality assurance random copies.

Computer System Plan: This plan must include a detailed listing of the Contractor's operating software platform and file transfer system necessary to interface with SSA's national File Transfer Management System (FTMS) for electronic transmission of Residual Notice files from SSA. The plan must also include the media type on which files from SSA will be received to the extent that operator intervention (e.g., a tape mount) is not required at SSA or the Contractor's production facility.

The Systems Plan shall demonstrate the Contractor's ability to provide complete hardware and software compatibility with SSA's existing network (see WIRE TRANSMISSION for additional information). The contractor must complete a **System Plan**. (Exhibit B under GOVERNMENT TO FURNISH)

Included with the Computer Systems Plan shall be a resume for each employee responsible for the monitoring and the programming of Contractor's computer system and file transmissions. If the contractor(s) plans to use a consultant for either print, a resume must still be included.

Mail Plan: This plan should include sufficient detail as to how the Contractor will comply with all applicable U.S. Postal Service (USPS) mailing requirements as listed in the USPS Domestic and International Mail Manuals in effect at the time of the mailing and other USPS instructional material such as the Postal Bulletin. Contractor will be required to provide information on how and demonstrate their ability to achieve USPS automated postal rates prior to award of this contract.

Material Handling and Inventory Control: This plan should explain in detail how the following materials will be handled: incoming raw materials; work-in-progress materials; quality control inspection materials; USPS inspection materials; and all outgoing materials cleared for USPS pick-up/delivery.

Personnel Plan: This plan should include a listing of all personnel who will be involved with this contract. For any new employees the plan should include the source of these employees, and a description of the training programs the employees will be given to familiarize them with the requirements of this program.

Production Plan: This plan should include items such as a detailed listing of all production equipment and equipment capacities to be utilized on this contract. If new equipment is to be utilized, documentation of the source, delivery schedule and installation dates are required.

Security Control Plan: See **SECURITY REQUIREMENTS on page 4 of 38**

VERIFICATION OF PRODUCTION AND MAILING: Contractor will be responsible for providing a unique identifying number that will be used to track each individual notice, thereby providing 100% accountability and validating the integrity of every notice produced in all phases of printing, inserting and mailing and to ensure all notices received from SSA were correctly entered into the United States postal system.

NOTE: The government considers grounds for the immediate default of this contract if the contractor, at any time, is unable to perform or found not complying with any part of this requirement.

Notice integrity shall be defined as follows:

- Each notice shall include all pages (and only those pages) intended for the designated recipient as contained in the print files received from SSA.

The contractor is responsible for providing the automated print notice integrity control systems and processes required to prevent the commingling of pages intended for different recipients into a completed package. The contractor's printing process must have automated systems that include notice coding and scanning technology capable of:

- Validating the count of pages in a notice set.
- Validating the sequence of pages in a notice set.
- Validating the sequence of notice sets in a production batch.
- Interrupting production if variances are detected.

Mailing integrity shall be defined as follows:

- All records received from SSA for each print order were printed, inserted and entered correctly into the United States postal system.

The contractor is responsible for providing the automated inserted notice tracking/reporting systems and processes required to validate that 100% of all notices received from SSA were printed, inserted and mailed correctly. The contractor's inserting equipment must have automated systems that include notice coding and scanning technology capable of:

- Reconciling page and notice counts from SSA provided print files to print order control totals provided by SSA; reporting variances.
- Uniquely identifying each notice within a print order.
- Unique identifier to be scanned after insertion to ensure all notices are present and accounted for.

- Tracking and reporting all notices produced and mailed within a print order at the notice level.
- Identifying and reporting all missing notices that were lost or spoiled during production within a print order.
- Generating a new production file for all missing notices.
- Tracking and reporting all notices that were reproduced and mailed within a print order at the notice level.
- Reconciling the total of all notices produced and mailed within a print order to the control totals provided by SSA; reporting all variances.
- Reconciling the total of all notices mailed to mailing totals contained on Postal Entry Forms within a print order; reporting all variances.
- **ALL MAIL PIECES MUST BE SCANNED AFTER THE INSERTION PROCESS TO VERIFY THAT ALL MAIL PIECES ARE ACCOUNTED FOR.**
- Generate a final automated Sequence Summary Report (Exhibit C under GOVERNMENT TO FURNISH)

This report provides information that all mail pieces have been scanned, after insertion, verifying that all pieces for each mailer and file date are accounted for. The summary report will contain the sequence number range for a particular file date and mailer, show all sequence numbers were scanned and accounted for after notice is inserted, and event information on any spoiled or missing pieces verifying that they were scanned and accounted for. A copy of the summary report must be submitted with the matching GPO 712(s). Exhibit of the required information on the summary report is supplied as a guideline.

Contractor must generate an automated audit report when necessary showing the tracking of all notices throughout all phases of production for each mail piece. This audit report will contain all information outlined above for each phase of printing, inserting and mailing.

All notice tracking/reporting data must be retained in electronic form for 120 days after mailing, and must be made available to SSA for auditing of contractor performance upon request.

UNIQUE IDENTIFICATION NUMBER: Unique identifying numbers will be used to track each individual mail package, thereby providing 100% accountability. This enables the contractor to track each mail package through completion of the project. The contractor will be required to create test samples for each mailer. Samples should be produced at least every 4,000 mailers. For mailers less than 4,000, the contractor must adjust the sampling rate to ensure that at least one test sample is produced from the small mailers. The contractor will generate a list of the unique identifying numbers for each sample. As samples are pulled, their unique numbers will be marked off the list. This enables the contractor to track which samples have been produced and pulled. Mail test samples directly to SSA, Printing Management Branch, Attn: Fu Weems/Jamey Cunningham, 1357 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235- 6401.

ON-SITE REPRESENTATIVES: One or two full-time Government representatives may be placed on the contractor's premises on a limited basis or throughout the term of the contract.

The contractor will be required to provide one private office of not less than 150 square feet, furnished with one desk, one swivel arm chair, two telephone lines (one for a PC and one for a telephone) and one facsimile machine (the Government will supply hookups and cover the cost of the telephone/facsimile machine service), two work tables, and two four-drawer letter-size files with combination padlock and pendaflex file folders or equal.

On-site representative(s) may be stationed at the contractor's facility to: provide project coordination in receipt of wire transmissions; verify addresses; monitor the printing, folding, inserting, mail processing, quality control, sample selections and inspections; and, monitor the packing and staging of the mail.

These coordinators will not have contractual authority, and cannot make changes in the specifications or in contract terms, but will bring any and all defects detected, to the attention of the company Quality Control Officer.

The coordinators must have full and unrestricted access to all production areas where work on this program is being performed.

POSTAWARD CONFERENCE: In order to ensure that the contractor fully understands the total requirements of the job as indicated in these specifications, Government representatives will conduct a conference with the contractor's representatives at the Social Security Administration (SSA), Baltimore, MD, immediately after award.

PREPRODUCTION MEETING: A preproduction meeting covering printing and mailing shall be held at the contractor's facility after award of the contract to review the Contractor's production plan and to establish coordination of all operations. Attending this meeting will be representatives from the Government Printing Office, Social Security Administration and the U.S. Postal Service (USPS). The contractor shall present and explain their final plan for both printing and mailing the Residual Notices.

The Contractor shall meet with SSA Mail and Postage Policy Team (MPPT) and USPS representatives to present and discuss their plan for mailing. The preproduction meeting will include a visit to the contractor's mailing facility, where the Contractor is to furnish specific mail flow information.

In addition, the Contractor shall be prepared to present detailed production plans, including such items as quality assurance, projected commencement dates, equipment loading, pallet needs, etc. The Contractor shall present documentation of the plant loading agreement and either a copy of the optional procedure, which has been negotiated with the USPS or a draft of the original procedure that the contractor intends to negotiate with the USPS for SSA approval. The contractor also needs to present SSA with a copy or a draft of the manifest (tracking system) to be used to accomplish the above. The Contractor is to provide the name of the representative responsible for the mailing operation and that individual's backup.

ASSIGNMENT OF JACKETS, PURCHASE AND PRINT ORDERS: A GPO jacket number will be assigned and a purchase order issued to the contractor to cover work performed. The purchase order will be supplemented by an individual "Print Order" for each job placed with the contractor. The print order, when issued, will indicate the quantity to be produced and any other information pertinent to the particular order. Orders may be issued under the contract from June 1, 2011 through June 30, 2012

ORDERING: Items to be furnished under the contract shall be ordered by the issuance of print orders by the Government. Orders may be issued under the contract from **Date of Award** through **June 30, 2012**, plus for such additional period(s) as the contract is extended. All print orders issued hereunder are subject to the terms and conditions of the contract. The contract shall control in the event of conflict with any print order. A print order shall be "issued", for purposes of the contract, when it is either deposited in the U.S. Postal Service mail or otherwise furnished to the contractor in conformance with the schedule.

REQUIREMENTS: This is a requirements contract for the items and for the period specified herein. Shipment/delivery of items or performance of work shall be made only as authorized by orders issued in accordance with the clause entitled "ASSIGNMENT OF JACKETS, PURCHASE AND PRINT ORDERS". The quantities of items specified herein are estimates only, and are not purchased hereby. Except as may be otherwise provided in this contract, if the Government's requirements for the items set forth herein do not result in orders in the amounts or quantities described as "estimated", it shall not constitute the basis for an equitable price adjustment under this contract.

Except as otherwise provided in this contract, the Government shall order from the contractor all the items set forth which are required to be purchased by the Government activity identified on page 1.

The Government shall not be required to purchase from the contractor, requirements in excess of the limit on total orders under this contract, if any. Orders issued during the effective period of this contract and not completed within that time shall be completed by the contractor within the time specified in the order, and the rights and obligations of the contractor and the Government respecting those orders shall be governed by the terms of this contract to the same extent as if completed during the effective period of this contract.

If shipment/delivery of any quantity of an item covered by the contract is required by reason of urgency prior to the earliest date that shipment/delivery may be specified under this contract, and if the contractor will not accept an order providing for the accelerated shipment/delivery, the Government may procure this requirement from another source.

The Government may issue orders which provide for shipment/delivery to or performance at multiple destinations. Subject to any limitations elsewhere in this contract, the contractor shall furnish to the Government all items set forth herein which are called for by print orders issued in accordance with the "ASSIGNMENT OF JACKETS, PURCHASE AND PRINT ORDERS" clause of this contract.

PRIVACY ACT NOTIFICATION: This procurement action requires the contractor to do one or more of the following: design, develop, or operate a system of records on individuals to accomplish an agency function in accordance with the Privacy Act of 1974, Public Law 93-579, December 31, 1974 (5 U.S.C. 552a) and applicable agency regulations. Violation of the Act may involve the imposition of criminal penalties.

PRIVACY ACT

(a) The contractor agrees:

- (1) to comply with the Privacy Act of 1974 and the rules and regulations issued pursuant to the Act in the design, development, or operation of any system of records on individuals in order to accomplish an agency function when the contract specifically identifies (i) the system or systems of records and (ii) the work to be performed by the contractor in terms of any one or combination of the following: (A) design, (B) development, or (C) operation;
- (2) to include the solicitation notification contained in this contract in every solicitation and resulting subcontract and in every subcontract awarded without a solicitation when the statement of work in the proposed subcontract requires the design, development, or operation of a system of records on individuals to accomplish an agency function; and
- (3) to include this clause, including this paragraph (3), in all subcontracts awarded pursuant to this contract which require the design, development, or operation of such a system of records.

(b) In the event of violations of the Act, a civil action may be brought against the agency involved where the violation concerns the design, development, or operation of a system of records on individuals to accomplish an agency function, and criminal penalties may be imposed upon the officers or employees of the agency where the violation concerns the operation of a system of records on individuals to accomplish an agency function. For purposes of the Act when the contract is for the operation of a system of records on individuals to accomplish an agency function, the contractor and any employee of the contractor is considered to be an employee of the agency.

(c) The terms used in this clause have the following meanings:

- (1) "Operation of a system of records" means performance of any of the activities associated with maintaining the system of records including the collection, use, and dissemination of records.
- (2) "Record" means any item, collection or grouping of information about an individual that is maintained by an agency, including, but not limited to, his education, financial transactions, medical history, and criminal or employment history and that contains his name, or the identifying number, symbol, or other identifying particular assigned to the individual, such as a finger or voice print or a photograph.
- (3) "System of records" on individuals means a group of any records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.

Public Trust Security Requirements:

This contract has been designated Public Trust Position Level 5C. Due to the sensitive nature of the information contained in the products produced under this contract, contractor employees performing under this contract will be subject to a thorough civil and criminal background check as detailed in the **Security Requirements** (Exhibit D under GOVERNMENT TO FURNISH).

Performing under this contract” is defined as working on-site at an SSA facility (including visiting the SSA site for any reason) or having access to Government programmatic or sensitive information.

Contractors should anticipate a pre-screening notification within 15 days after receipt of properly completed forms and fingerprinting cards. The Social Security Administration will process all required background checks. It is the responsibility of the contractor to ensure fingerprint cards are processed through their local police departments or other authorized finger printers. All forms and fingerprinting cards for existing employees must be submitted within forty (40) workdays after receipt of furnished materials and blank forms.

All forms and fingerprinting cards for new employees must be submitted within ten (10) workdays after receipt of furnished materials and blank forms. Forms may be obtained by calling Social Security Administration (SSA) Personnel Security Suitability Program Officer (SPO) Richard Runk at (410) 965-4548.

Once forms have been completed, return all forms to Richard Runk, Social Security Administration, 1260 Dunleavy Bldg., 6401 Security Blvd., Baltimore, MD 21235. Additionally, once forms have been sent, provide a list of employees and the date the security package was sent to Nicole Miller (PH: 410-966-9932), Printing Management Branch 2, via fax at (410) 965-6400 or e-mail nicole.miller@ssa.gov.

The general requirements as listed above are required of any new and current employees, contractors/subcontractors performing contract work, any project supervisors and management officials who have access to Government sensitive information. The following is a list of documents the contractor’s employees will be responsible for completing:

- Questionnaire for Public Trust Positions (Standard Form 85P)
- Fingerprint Card
- Declaration of Federal Employment (Optional Form 306)
- Fair Credit Reporting Act Authorization Form

(Exhibits E, F, G, and H under GOVERNMENT TO FURNISH)

CRIMINAL SANCTIONS: It is incumbent upon the Contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1) which is made applicable to Contractors by 5 U.S.C. 552a (m)(1), provides that any officer or employee of an agency, who by virtue of his/her employment of official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$10,000.00.

SECTION 2 - SPECIFICATIONS

SCOPE: These specifications cover the production of mailing packages from four (4) identified workloads*, consisting of a personalized English or Spanish notice, and any combination of a personalized OCR scannable form, a Courtesy Reply Mail (CRM) return envelope, a Business Reply Mail (BRM) return envelope, and a mail-out envelope, which require such operations as the receipt and processing of files; composition; printing; variable imaging in black ink (computerized printing with 2D barcodes); folding; inserting; and, mailing.

The forms produced under these specifications require precision spacing, printing and trimming and must be guaranteed to function properly when processed through the WBD0C Integrated Image Based Data Capture System (IIBDCS). The barcoding must be easily readable by all standard bar code scanning devices regardless of the contractor's method of reproducing the codes. (SSA equipment: WDR Reader – Worthington Data Solutions and High Speed Scanners.)

The following equipment will be used for extracting the OCR forms from the CRM envelopes: OPEX MPE 7.5 Multiple Purpose Extractor.

The four (4) identified workloads thus far are as follows:

1. Mid Year Mailer OCR Form Notices
2. National Change of Address Notices (NCOA)
3. Step Parent Notices
4. Fee Adjustment Notices

Future Workload(s):

5. New Notices (during the term of the contract)

NOTE: During the term of this contract, the Government expects to develop new notice workloads with the same requirements as the four (4) notice workloads described by these specifications. All terms and conditions in this specification will apply to these future notice workloads. It is estimated that approximately one (1) to three (3) new notice workloads may be added during the term of this contract.

- These new mailers could be English and/or Spanish notices.
- Notices will consist of 1 to 8 pages (no more than 4 leaves).
- These mailers may consist of a personalized notice and mail-out envelope or a personalized notice, mail-out envelope, CRM return envelope and BRM envelope.
- All notice and envelope requirements will match those described in Mailers 1 through 4.

DATA SET NAME *

The file name may be in the following format (“vendor” would be an SSA-assigned vendor identifier):

OLBG.BTO.filename.vendor.RYYMMDD:

*The actual data set names will be provided to the contractor at the post award meeting.

All files will be electronically transmitted to the Contractor. Any programming or other format changes necessitated due to the Contractor's method of production will be the full responsibility of the contractor and must be completed prior to each of SSA's validations.

NOTE: The contractor must not compress files in processing data for this contract. The contractor must print the address record exactly as it is in the Master Beneficiary Record (MBR) file furnished to the contractor. The contractor must not standardize the addresses or change the ZIP+4 information.

FOR QUALITY CONTROL AND AUDITING PURPOSES:

The contractor must not merge File dates and mailers during processing, printing and mailing.

All files transmitted by SSA will be physical sequential. Any alteration of the notice content in the file is not permitted.

TRIM SIZES:

- Notices: 8-1/2 x 11 (folding down to 8-1/2 x 5 1/2" as indicated).
- Scannable Forms: 8-1/2 x 11 (folding down to 8-1/2 x 5 1/2").
- CRM Return Envelope: 5-3/4 x 8 3/4" plus flap. Six (6) different versions
- BRM Return Envelope: 5-3/4 x 8 3/4" plus flap. One (1) version only
- Mail-Out Envelopes: 6-1/4 x 9-1/2 plus flap. Eight (8) different versions

FREQUENCY OF ORDERS:

Mid Year Mailer Notices: There will be five orders per year (June through October) with the majority of the quantity transmitting in July

NCOA Notices: There will be four orders per year. Each year the orders will transmit in March, June, September and December.

Step Parent Notices: There will be one order per year. Each year the order will transmit in the month of December. All notices must mail on or before December 31st of each year.

Fee Adjustment Notices: There will be one order per year. Each year the order will transmit in the month of November. All notices must mail on or before December 1st of each year.

Note: Any certified mail files for the following workloads above will mail only when required and can occur with any of the print orders.

QUANTITY OF LEAVES AND PAGES:

Combined total for the Mid Year Mailer OCR Forms, NCOA, Step Parent Notices and Fee Adjustment Notices will be approximately 2,177,450 notices per year. All quantities and page numbers listed below are approximate. Actual quantities and page numbers are not known until files are delivered.

1. **Mid Year Mailer OCR Forms** workload has four (4) mailers consisting of twelve (12) different mail packages, each consisting of a combination of components listed below:
 - Personalized English or Spanish notice
 - Personalized OCR scannable form
 - Courtesy Reply Mail (CRM) return envelope
 - Business Reply Mail (BRM) return envelope
 - Mail-out envelope

<u>Mailer</u>	<u>Notice</u>	<u>Transmits</u>	<u>Quantity</u>	<u>Leaves</u>	<u>Printed Pages</u>	<u>Inserts</u>
Mailer 1	MYM – SSA-131-SM-SUP	June	55,000	2	3	1
Mailer 2	MYM – SSA-L9790-SM-SUP	June	72,000	3	4	1
Mailer 3	MYM – SSA-L9778-SM-SUP	July	47,000	4	7	1
	MYM – SSA-L9779-SM-SUP	July	152,000	4	8	1
	MYM – SSA-L9784-SM-SUP	July	1,260	3	5	1
	MYM – SSA-L9785-SM-SUP	July	14,000	3	6	1
	MYM – SSA-L9781-SM-SUP	July	375,000	4	8	1
		August	30,000	4	8	1
		September	30,000	4	8	1
		October	<u>30,000</u>	4	8	1
Total Yearly Quantity			679,260			

NOTE: Mailer 3 has a different CRM for each form. These same CRM's are also used for Mailer 4

Mailer 4	MYM – SSA-L9778-SM-SUP-SP	July	1,700	4	7	1
	MYM – SSA-L9779-SM-SUP-SP	July	6,700	4	8	1
	MYM – SSA-L9784-SM-SUP-SP	July	20	3	5	1
	MYM – SSA-L9785-SM-SUP-SP	July	120	3	6	1
	MYM – SSA-L9781-SM-SUP-SP	July	8,500	4	8	1
		August	500	4	8	1
		September	500	4	8	1
		October	<u>500</u>	4	8	1
Total Yearly Quantity			18,540			

2. **National Change of Address (NCOA) Notices** workload has two (2) mailers consisting of four (4) different mail packages, each consisting of a combination of components listed below:

- Personalized English or Spanish notice
- Mail-out envelope

<u>Mailer</u>	<u>Notice</u>	<u>Transmits</u>	<u>Quantity</u>	<u>Printed Leaves</u>	<u>Pages</u>
Mailer 5	NCOA – SSA-L292-SM	March	275,360	1	1
	NCOA – SSA-L292-SM-SP	March	7,067		
	NCOA – SSA-L292-SM	June	275,360	1	1
	NCOA – SSA-L292-SM-SP	June	7,067	1	1
	NCOA – SSA-L292-SM	September	275,360	1	1
	NCOA – SSA-L292-SM-SP	September	7,067	1	1
	NCOA – SSA-L292-SM	December	275,360	1	1
	NCOA – SSA-L292-SM-SP	December	<u>7,067</u>	1	1
Total Yearly Quantity			1,129,708		

Mailer 6	NCOA – SSA-L294-SM	March	16,984	1	1
	NCOA – SSA-L294-SM-SP	March	774		
	NCOA – SSA-L294-SM	June	16,984	1	1
	NCOA – SSA-L294-SM-SP	June	774	1	1
	NCOA – SSA-L294-SM	September	16,984	1	1
	NCOA – SSA-L294-SM-SP	September	774	1	1
	NCOA – SSA-L294-SM	December	16,984	1	1
	NCOA – SSA-L294-SM-SP	December	<u>774</u>	1	1
Total Yearly Quantity			71,032		

3) **Step Parent Notices** The Step Parent workload has three (3) different mail packages, each consisting of a combination of components listed below:

- Personalized English or Spanish notice
- Mail-out envelope

<u>Mailer</u>	<u>Notice</u>	<u>Transmits</u>	<u>Quantity</u>	<u>Printed Leaves</u>	<u>Pages</u>
Mailer 7	Step Parent – SSA-L253-SM	December	650	1	1
Mailer 8	Step Parent – SSA-L253-SM-SP	December	30	1	1
Mailer 9	Step Parent – SSA-L253-SM-F	December	<u>5</u>	1	1
Total Yearly Quantity			685		

4) **Fee Adjustment Notices** workload has two (2) different mail packages, each consisting of a combination of components listed below:

- Personalized English or Spanish notice
- Mail-out envelope

<u>Mailer</u>	<u>Notice</u>	<u>Transmits</u>	<u>Quantity</u>	<u>Printed Leaves</u>	<u>Pages</u>
Mailer 10*	Fee Adjustment – SSA-L251-SM	November	150,000	1	1
Mailer 11	Fee Adjustment - SSA-L252-SM	November	<u>1,225</u>	1	1
Total Yearly Quantity			151,225		

* This notice will not occur in years when there is no Cost of Living Adjustment (COLA) announced. The number shown is an estimate if COLA is provided.

The quantities above per mailer are approximates and are based on historical data and are for the purpose of establishing a basis of award. Exact quantities by mailer are not known in advance and will be furnished with live production files. **NO SHORTAGES WILL BE ALLOWED.**

The Government reserves the right to increase by up to 20% the total number of notices ordered annually. **This 20% includes the additional notices occasioned by the one (1) to three (3) new notice workloads developed during the term of this contract.**

Certified and Registered Mail mailers: Mailers 1-11, when required, will have a duplicate, separate file transmitted at the same time as each of the above named mailers. The contractor must process these files separately as certified mail files or in the case of foreign mail as registered mail files, in accordance with the **Special Mailing Requirements** section of this contract (See page 30 of 36). Certified and registered mail is anticipated to be less than 2% of total annual contract quantity.

GOVERNMENT TO FURNISH:

Manuscript copy for all notices and scannable forms.

Manuscript copy for fifteen (15) envelopes (8 mail-out envelope, 6 CRM return envelopes and 1 BRM return envelope).

Camera copy for the Facing Identification Mark (FIM), and ZIP Code barcode.

Camera copy for notice signatures

At the Government's option, camera copy, negatives or electronic files (PostScript format) for the recycled paper logo and legend (English and Spanish), forms, notices, instructions and envelopes may be furnished.

CASS Certificate

NCOA Certificate

PS Form 3615 (Mailing Permit Application and Customer Profile)

GPO Form 712 (Certificate of Conformance)

GPO Form 892 proof label

One reproduction proof, Form 905 (R. 6/03) with labeling and marking specifications

Exhibit A: Form SSA-301, Contractor Personnel Security Certification

Exhibit B: System Plan

Exhibit C: Sequence Summary Report

Exhibit D: Security Requirements

Exhibit E: Questionnaire for Public Trust Positions (Standard Form 85P)

Exhibit F: Fingerprint Card

Exhibit G: Declaration of Federal Employment (Optional Form 306)

Exhibit H: Fair Credit Reporting Act Authorization Form

Exhibit I: Database/Spreadsheet for Postal Documentation

Exhibit J: Vendor Record Specifications for each workload

CONTRACTOR TO FURNISH: All materials and operations, other than those listed under "GOVERNMENT TO FURNISH," necessary to produce the product(s) in accordance with these specifications.

WIRE TRANSMISSIONS: Upon award of this contract, the Government will determine the connectivity method between SSA and the Contractor. Internet Protocol (IP) will be the connection protocol for the transmissions. The connectivity method will be through the Internet using an encrypted VPN tunnel or the Government will place an order for a dedicated circuit under GSA's FTS contract to be installed within 60 to 90 calendar days between the contractor's location and SSA's network interface location. Either connectivity method will be encrypted with the AES256 encryption algorithm. For the Internet option to be used the Contractor must have an Internet ready VPN IPsec capable hardware device. The Government will not be responsible for any cost associated with the VPN Internet connection that the Contractor may incur. The connection method is at the sole discretion of the Government. The cost of the dedicated circuit connection will be borne by the Government.

The Government shall not be responsible for installation delays of data connections due to any external influences such as employee strikes, weather, supplies, etc; which conditions are beyond the control of the Government.

If a dedicated circuit is deemed necessary, SSA will provide the dedicated data connection, including a router, and firewall at the contractor's specified locations. The contractor shall provide adequate rack space for securing the router and firewall; the contractor shall provide a dedicated analog dial-up line within 8 feet of the router.

This dedicated analog dial-up line will be used for router management and access for troubleshooting. The line must be in place and active prior to the installation of the circuit/router.

Also, upon contract award, the contractor shall provide a complete delivery address with nearest cross-street, contact name and phone number for installation of data transmission services and equipment. The contractor's contact person shall be available for delivery of services at the specified location. The Government shall not be responsible for incorrect or lack of address information, nor for non-availability of contact persons at the delivery site.

It is the Contractor's responsibility to notify SSA when systems or data line problems arise and transmission(s) cannot take place. SSA's first point of contact for systems or data line problems shall be the HELP DESK at 877-697-4978.

FILE TRANSFER MANAGEMENT SYSTEM (FTMS) REQUIREMENTS: The contractor shall provide the capability to interface with SSA's national FTMS for electronic transmission of designated files from SSA to the production facility. SSA will provide the necessary data connection into the contractor's location. **At the discretion of SSA the line speed may be either increased or decreased depending on utilization.**

The contractor must provide, at their expense, the equipment and operating software platform, and the file transfer software required at their location. The contractor assumes all responsibility for configuration, maintenance, and troubleshooting of their equipment and software. SSA utilizes, and the contractor must provide compatibility with, Cyberfusion Integration Suite software from TIBCO Software. The Contractor may implement the Cyberfusion Platform Server that has embedded software encryption capable of being enabled. The personal computers/servers must have the capability to run Cyberfusion software with encryption enabled using IP protocols on Windows, UNIX (i.e., IBM's AIX, SUN or HP), or OS platforms.

SSA will not permit any private class A, B or C IP addresses, i.e., 10.xxx.xxx.xxx type IP addresses from external users on its network. At connection time to SSA, the Contractor will be provided a suitable IP address for access to SSA's network via a firewall. SSA will provide the necessary subnet(s) for connection at the remote site. The contractor will be responsible for their own name/address translation to fulfill the intended purpose of data transfers. SSA will provide Cyberfusion node information to the Contractor as required to accomplish file transfers.

The Contractor may determine the media type on which files from SSA will be received, to the extent that operator intervention (e.g., a tape mount) is not required at SSA or the Contractor's production facility. Simultaneous multiple transmission sessions must be possible on the Contractor's equipment. All files transmitted by the SSA will be written as Physical Sequential or "flat" files at the Contractor's location and will be distinguished with a "run date" in the Contractor's file name. Virtual Storage Access Method files and Generation Data Groups, supported by IBM/MVS or IBM/OS390 operating systems are not permitted under this contract. The contractor's storage format must not preclude the availability of the Cyberfusion software Checkpoint/Restart feature.

NOTE: The Contractor may not use VM/VSE/ESA on a mainframe system, as this hampers automated file transmission.

The contractor's FTMS software shall be operational for the receipt of data files 24 hours a day, 7 days a week, unless otherwise specified by the Government. The communications protocol between SSA and the contractor shall be the Internet Protocol (IP). The Contractor must specify the type of Local Area Network (LAN) connection that will be used at the location where the SSA connection is to be installed. The Contractor is responsible for providing complete hardware and software compatibility with SSA's existing network. Production file transfers will be established according to SSA's standard procedures for transmission control, dataset naming, and resource security. The Contractor's file management system must accommodate multiple file transmission sessions without intervention at either end. The Contractor must have sufficient capacity to support the number of concurrent transmission file sessions as dictated by SSA.

The above will apply, regardless of the number of workloads transmitted to the Contractor daily. If the Contractor is awarded multiple SSA notice workloads, there must be sufficient capacity at the Contractor's production facility to accept transmission of all files according to their schedules.

Wire transmission of production files shall be the standard, automated technique. In the event that the transmission network is unavailable for a time period deemed critical by the Government, the files may (at the Government's option) be processed at the SSA print/mail facility.

It is the Contractor's responsibility to notify SSA when systems or connection problems arise and transmission cannot take place. SSA's first point of contact for systems or connectivity problems shall be the HELP DESK at 877-697-4889.

All data provided by the Government or duplicates made by the contractor or his representatives and any resultant printouts must be accounted for and kept under strict security to prevent their release to any unauthorized persons. Data may not be duplicated in whole or in part for any other purpose than to create material to be used in the performance of this contract. **Any duplicate data and any resultant printouts must be maintained 21 workdays after mailing and then destroyed by the contractor.**

CAUTION: CONTRACTOR MUST NOT COMPRESS FILES!

The contractor's FTMS software shall be operational for the receipt of data files 24 hours per day, 7 days per week, unless otherwise specified by the Government. If there are problems, such as reruns, system problems, etc., files may be transmitted after hours and/or on Sundays.

In the event that any wire transmission cannot be processed due to media problems, the contractor shall notify SSA within 2 hours of receipt. In the event any wire transmission cannot be processed due to link problems or data transmission circuit and or connection outages, the contractor shall notify SSA's HELP DESK operations immediately at 410-965-7777 and report required observations and findings. The contractor shall notify SSA of any reprogramming and/or reformatting of data supplied by wire transmission necessitated due to the contractor's method of production, within 2 hours of receipt of the data.

WIRE TRANSMISSION TEST, PREPRODUCTION VALIDATION TEST, AND PRE-PRODUCTION PRESS & MAIL RUN TESTS: Prior to commencement of production on the contract, the contractor will be required to demonstrate their ability to perform to the contract requirements.

NOTE: Failure of the contractor to perform any of the following tests (i.e., Wire Transmission Test, Preproduction Validation Test, Preproduction Press and Mail Run Test, or System Change/New Notice Files Validation Test) to the satisfaction of the Government may be cause for default. The Government reserves the right to waive the requirements of any of these tests. The contractor will be notified at the post award conference if any test(s) will be waived.

The contractor will be required to perform the following tests:

Wire Transmission Test: After the appropriate bandwidth connection has been installed, the Contractor will be required to receive within one (1) workday 700,000 records. The Contractor will be required to perform a record count verification broken down by segments within one workday after the complete transmission of the test files.

Preproduction Validation Test: When the count verification has been successfully completed, the Contractor will be required to provide SSA, within three (3) workdays, sample documents per mailer from the wire transmission test as directed below:

Mid Year Mailer Notices (Mailers 1-4)

When the count verification has been successfully completed, the contractor shall furnish two (2) identical sets of 25 press samples with variable data for each form, for each file transmitted during the test (total of 600 samples (2 sets of 300)) to SSA within two (2) workdays. Wire transmission test notices do not require inserts and envelopes.

SSA and the Wilkes-Barre Data Operations Center (WBDOC) will perform validation on the identical material. The contractor must produce these press samples on their equipment (that will be used in production), and with their personnel. The press samples are to be printed on the paper required by these specifications, trimmed and folded. These press samples must be complete and include all variable fill-ins.

Contractor must submit press samples within five (5) workdays of receipt of "OK TO PRINT" on proofs. Submit Press Samples with Variable Data Validation as follows:

Submit 300 Press Samples with Variable Data Validation (25 samples from each of the 12 forms) directly to the SSA, Printing Management Branch, Attn: Fu Weems/Jamey Cunningham, 1357 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235- 6401.

Submit 300 Press Samples with Variable Data Validation (25 samples from each of the 12 forms) directly to the SSA, Wilkes-Barre Data Operations Center, Center for Program Support, Attn: Joseph Hritz, Room 341, 1150 E. Mountain Drive, Wilkes-Barre, PA 18702-7997.

NCOA, Step Parent and Fee Adjustment Notices (Mailers 5-11)

When the count verification has been successfully completed, the contractor shall furnish one (1) set of 25 press samples with variable data for each mailer, for each file transmitted during the test (total of 175 samples) to SSA within two (2) workdays. Wire transmission test notices do not require inserts and envelopes.

SSA will perform validation on the material. The contractor must produce these press samples on their equipment (that will be used in production), and with their personnel. The press samples are to be printed on the paper required by these specifications, trimmed and folded. These press samples must be complete and include all variable fill-ins.

Contractor must submit press samples within five (5) workdays of receipt of "OK TO PRINT" on proofs. Submit Press Samples with Variable Data Validation as follows:

Submit 175 Press Samples with Variable Data Validation (25 samples from each of the seven (7) mailers) directly to the SSA, Printing Management Branch, Attn: Fu Weems/Jamey Cunningham, 1357 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235- 6401.

The Government will approve, conditionally approve, or disapprove all samples from the Wire Transmission Test within five (5) workdays of receipt thereof. Approval or conditional approval shall not relieve the contractor from complying with the specifications and all other terms and conditions of the contract. A conditional approval shall state any further action required by the contractor. A notice of disapproval shall state the reason thereof.

If the samples are disapproved by the Government, the Government, at its option, may require the contractor to submit additional samples for inspection and test, within three (3) workdays of notification under the terms and conditions specified in the notice of rejection. Such additional samples shall be furnished, and necessary changes made, at no additional cost to the Government and with no extension in the shipping schedule.

The Government will approve, conditionally approve, or disapprove the revised samples within three (3) workdays of the receipt thereof. In the event the additional samples are disapproved by the Government, the contractor shall be deemed to have failed to make delivery within the meaning of the default clause in which event this contract shall be subject to termination for default, provided however, that the failure of the Government to terminate the contract for default in such event shall not relieve the contractor of the responsibility to deliver the contract quantities in accordance with the shipping schedule.

In the event the Government fails to approve, conditionally approve, or disapprove the samples within the time specified, the Contracting Officer shall automatically extend the shipping schedule in accordance with Contract Clause 12, "Notice of Compliance with Schedules," of GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987 (Rev. 6-01)).

Manufacture of the final product prior to approval of the sample submitted is at the contractor's risk. Samples will not be returned to the contractor. All costs, including the costs of all samples shall be included in the contract price for the production quantity.

All samples shall be manufactured at the facilities in which the contract production quantities are to be manufactured. **If errors are found, additional samples of notices (as indicated above) will be required until such time as the validation produces no errors.**

Preproduction Press & Mail Run Test: Prior to commencement of production on the contract, the Contractor will be required to perform a 12-hour preproduction press and mail run test.

The Contractor will be issued a Print Order for the 12-hour test. Upon successful completion of all test requirements contractor will be reimbursed for all applicable costs, according to the SCHEDULE OF PRICES. If the contractor fails to meet all test requirements they will not be reimbursed for any associated costs.

The Government will furnish the Mid Year Mailer, Step Parent, NCOA and Fee Adjustment Notices preproduction test files after a data link with the contractor is established. The contractor will be required to have all composition, proofing, printed pamphlets, forms, and envelopes necessary for the test, completed prior to beginning the test. Mailers are to be completed in accordance with contract requirements, inserted into envelopes and prepared for mailing.

The Contractor must produce a minimum of **50,578** notices in a continuous 12-hour period that will prove to the Government representatives that the contractor can satisfactorily complete the requirements of this contract during live production.

The 12-hour period for the printing process will begin when an "OK TO PRINT" is given by the Government representative on site. The inserting and mailing process will begin when the contractor has sufficient materials printed to begin the inserting process. See "SCHEDULE - PRIOR TO PRODUCTION for date of the preproduction press and mail run test.

During the 12-hour period, the contractor will be required to print and prepare for mailing the following quantities of the Mid Year Mailer Form Notices, NCOA, Step Parent and Fee Adjustment Notices:

Mid Year Mailer OCR Forms Notices

	<u>Notice</u>	<u>Quantity / Mailer</u>
Mailer 1	SSA-131-SM-SUP	2,833
Mailer 2	SSA-L9790-SM-SUP	2,562
Mailer 3	SSA-L9778-SM-SUP	2,380
	SSA-L9779-SM-SUP	7,655
	SSA-L9781-SM-SUP	17,137
	SSA-L9784-SM-SUP	59
	SSA-L9785-SM-SUP	620
Mailer 4	SSA-L9778-SM-SUP-SP	78
	SSA-L9779-SM-SUP-SP	296
	SSA-L9781-SM-SUP-SP	406
	SSA-L9784-SM-SUP-SP	10
	SSA-L9785-SM-SUP-SP	11

National Change of Address (NCOA) Notices

	<u>Notice</u>	<u>Quantity / Mailer</u>
Mailer 5-	SSA-L292-SM	15,397
	SSA-L292-SM-SP	233
Mailer 6	SSA-L294-SM	887
	SSA-L294-SM-SP	14

Step Parent Notices & Fee Adjustment Notices

None required for these two workloads	0
Total Copies	50,578

The test run will incorporate all aspects of the program from the processing of the electronically transmitted test files to: the duplex/simplex imaging of notices; gathering; folding; inserting; metering; presorting; and preparing finished notices for delivery to the USPS. To simulate actual production conditions the product to be produced must be in accordance with all contract specifications and all USPS regulations.

The contractor must perform the preproduction press and mail run test on their equipment and using their personnel. All samples shall be manufactured at the facilities in which the contract production quantities are to be manufactured. If a sub-contractor is utilized for the sorting and/or mailing of the notices of this contract the 12-hour test must include the use of this facility. No additional time will be allowed for the transportation and handling of the notices to and from this facility.

Samples of the preproduction press and mail run test will be brought back to SSA for validation. The Government will approve, conditionally approve, or disapprove the validation output within 7 workdays of receipt thereof.

Approval or conditional approval shall not relieve the contractor from complying with the specifications and all other terms and conditions of the contract. A conditional approval shall state any further action required by the contractor. A notice of disapproval shall state the reasons thereof.

Failure to meet the requirements of the 12 hour test is grounds to terminate the contractor for default.

Systems Change/New Notice Files Validation Test: When required, the Government will furnish test files for wire transmission that are to be used in performing a Systems Change/New Notice Files Validation Test. This test is required whenever SSA initiates a systems/programming change or when a new notice workload is developed.

The contractor shall furnish up to 100 printed samples (no envelopes or enclosures) within five (5) workdays of receipt of changes. The Government will approve, conditionally approve or disapprove the samples within seven (7) workdays of receipt thereof. The contractor must submit samples to SSA, Printing Management Branch, Attn: Fu Weems/Jamey Cunningham, 1357 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235- 6401.

The System Change/New Notice Files Validation Test may occur without a break in production. The Government will inform the contractor in advance when the wire transmission will contain the systems changes.

NOTE: If errors are found, additional samples of notices (as indicated above) will be required until such time as the validation produces no errors.

COMPOSITION: The contractor will be required to set type for all components (notices, OCR scannable forms, CRM envelopes and mail-out envelope) of the mailers.

Contractor will be required to set type for Fifteen (15) envelopes. Helvetica or similar typeface will be utilized.

Contractor to set type for 11 Mailers (approximately 85 pages) and all forms within each, with flush left and ragged right. The laser imaging must not be conspicuously different in quality from images produced by photocomposition and must have a minimum resolution of 300 x 300 dpi.

Typesetting may be produced by photocomposition or by laser imaging. Photocomposition includes all typesetting produced by photographically creating the characters on sensitized film or paper. If laser imaging is used, the images must not be conspicuously different in quality from images produced by photocomposition, and must have a density of 300 or more dpi.

Set type in Century Schoolbook, Times Roman or similar serif typeface. Use the largest type size possible for the space available. No alternate typefaces will be allowed; however, manufacturers' generic equivalents will be accepted for the above typefaces.

For the OCR scannable forms, exact spacing and locations of scan boxes and variable data must be maintained for readability of pre-programmed scanning equipment. The spacing and page layout of the form must be consistent between each English and Spanish form version although the contractor may vary font size between the English and Spanish form to fit available space.

NOTE: Image position of all variable (and static) type matter and data on the OCR scannable forms must meet GPO Quality Assurance Level III requirements. Form work will be defined as matter set in all sizes, and will include vertical, horizontal, and diagonal rules, box-heads, numbered lines, checkboxes, arrows, type matter, etc., positioned in the proper location to provide spaces for information to be filled in individually.

Font for Intelligent Mail Barcode (IMB) is required.

PROOFS:

NOTE: PDF samples (10 of each) of all forms for all mailers will be required on the first print order of each mailing. PDF samples for Mailers 3 and 4 (L9781-SM and L9781-SM-SP) are required on the balance of the print orders. Hard copy samples are only required at government request.

Three (3) sets of digital content proofs for 8 mail-out envelopes, 6 CRM return envelopes and 1 BRM return envelope. At contractor's option, a film-based composite blueline may be submitted. Proofs must be created using the same Raster Image Processor (RIP) that will be used to produce the product. Proofs must indicate margins.

Notices and Scannable forms: 3 printed samples, in black ink, of all notices and forms.

When ordered, one (1) set of Adobe Acrobat version 9.0 (or later version) soft proofs. Proofs will be transferred to the agency via email. The PDF proof will be evaluated for text flow, image position and color breaks. Proofs will not be used for color match.

PDF proofs of all items for all mailers will be required in the form of one (1) set of Adobe Acrobat version 9.0 (or later version) soft proofs. Government has the option to request hard copy proofs as needed in which the contractor must deliver within 24-hours upon receipt of request.

SSA reserves the right to make changes to all proofs. The Government may require one (1) or more sets of revised proofs before rendering an "OK TO PRINT".

If any contractor's errors are serious enough in the opinion of the GPO to require revised envelope proofs, the revised envelope proofs are to be provided at no additional expense to the Government. No extra time can be allowed for this reproofing operation; such operations must be accomplished within the original production schedule allotted in the specifications.

NOTE: The contractor must not print prior to receipt of an "OK TO PRINT."

STOCK/PAPER: The specifications of all paper furnished must be in accordance with those listed herein or listed for the corresponding JCP Code numbers in the "Government Paper Specification Standards No. 11" dated February 1999.

Government Paper Specification Standards No. 11 - <http://www.gpo.gov/vendors/vol11.htm>

Color of paper furnished shall be of a uniform shade and a close match by visual inspection of the JCP and/or attached color sample(s). The Contracting Officer reserves the right to reject shipments of any order printed on paper the color of which, in his opinion, materially differs from that of the color sample(s).

All text paper used in each copy must be of a uniform shade.

The paper to be used will be indicated on each print order.

Notices and Scannable Forms: White Optical Character Recognition (OCR) Bond, basis weight: 20 lbs. per 500 sheets, 17 x 22", equal to JCP Code O-25; or at contractor's option, White Offset Book, basis weight: 50 lbs. per 500 sheets, 25 x 38", equal to JCP Code A60 with exception requiring compatibility with OCR.

Mail-Out Envelopes: White Writing Envelope, basis weight: 24 lbs. per 500 sheets, 17 x 22", equal to JCP Code V20; or at contractor's option, White Offset Book, basis weight: 60 lbs. per 500 sheets, 25 x 38", equal to JCP Code A60.

CRM and BRM Envelopes: White Writing Envelope, basis weight: 20 lbs. per 500 sheets, 17 x 22", equal to JCP Code V20; or at contractor's option, White Offset Book, basis weight: 50 lbs. per 500 sheets, 25 x 38", equal to JCP Code A60.

PRINTING/IMAGING:

Contractor will be required to convert furnished data for either laser or ion deposition printing. All imaging/printing shall have a minimum resolution of 300 x 300 dpi. The notices and scannable forms contain both static text matter and variable data. All print in black ink only.

Notices:

Mailer 1: Notices consist of one leaf printing face only.

Mailer 2-4: Notices consist of one leaf printing duplex, head-to-head.

Mailers 5-11: All notices consist of one leaf printing face only.

NOTE: Contractor shall be responsible for dating all notices. The date used is to be the date notices mailed.

Scannable Forms:

Mailer 1: Scannable forms consist of one leaf printing duplex, head-to-head.

Mailer 2: Scannable forms consist of two leaves. Leaf one prints duplex, head-to-head. Leaf two prints face only.

Mailer 3-4: Scannable forms consist of two leaves. Both leaves print duplex, head-to-head.

Envelopes:

Mailer 1-4: Envelopes used are Mail-out and CRM's

NOTE: Mailer 3 has a different CRM for each form. These same CRM's are also used for Mailer 4.

Mailers 5-11: Envelope used is Mail-out only. Envelopes print face and back (after manufacturing) in black ink. Printing shall be in accordance with the requirements for the style envelope ordered. All printing shall comply with all applicable U.S. Postal Service regulations. The envelope shall accept printing without feathering or penetrating to the reverse side.

Mail out envelopes (6-1/4 x 9-1/2"): Requires a security tint printed on the inside (back before manufacturing) in black ink. The contractor may use his own design but must guarantee that the product will ensure complete opacity and prevent show through of any material contained therein.

CRM return envelopes (5-3/4 x 8 3/4"): Requires a security tint (lining is acceptable) printed on the inside (back - before manufacturing) in black ink. The contractor may use his own design but must guarantee that the product will ensure complete opacity and prevent show through of any material contained therein. Print FIMs and Intelligent Mail Barcodes using the camera ready positive provided. The FIMs and Intelligent Mail Barcodes should be placed on the mailing piece according to the current U.S. Postal Service's Domestic Mail Manual, "Barcoded Mail pieces."

BRM Return Envelope (5-3/4 x 8 3/4"): Requires a security tint (lining is acceptable) printed on the inside (back - before manufacturing) in black ink. The contractor may use his own design but must guarantee that the product will ensure complete opacity and prevent show through of any material contained therein. Face of envelope to be in BUSINESS REPLY FORMAT. Print FIMs and Intelligent Mail Barcodes using the camera ready positive provided.

The FIMs and Intelligent Mail Barcodes should be placed on the mailing piece according to the current U.S. Postal Service's Domestic Mail Manual, "Barcoded Mail pieces."

RECYCLED PAPER LOGO/LEGEND: See STOCK/PAPER on page 23 of 36. If recycled paper is used then:

Notices - The recycled paper logo/legend must be digitized by the contractor and imaged in the bottom right corner aligned with the contractor's control number on the first page of each notice. For bilingual notices, the logo will appear on the Spanish copy only.

Envelopes - The recycled paper English logo/legend must print in black ink on envelopes in the lower left hand corner on the seam side of the envelope. The Spanish logo/legend must print in the lower right hand corner on the seam side of the envelope.

CRITERIA FOR DATA IMAGING:

All variable data fill-ins requirements for the Mid Year Mailer Notices, Step Parent, NCOA and Fee Adjustment workloads should be extracted from the files utilizing the Vendor Record Specifications for each Workload. (Exhibit K under GOVERNMENT TO FURNISH)

BARCODING: PDF417 (Portable Data File) 2-D Barcodes: A 2-D barcode will be required on all pages of all scannable forms, at at least 1/4" margins (quiet zone) is required top, bottom, left, and right of each 2-D barcode. Minimum resolution of 300 dpi, with 4.41 code words per inch. Height is 1/2" plus or minus 1/16"; length/width is 1-1/4" plus or minus 1/16".

Data columns are to be preceded and followed by the standard PDF417 stop/start patterns, left row indicator, and right row indicator.

The 2-D barcodes to be imaged on the scannable forms should contain the following data elements:

<u>Field Name</u>	<u>Field Size</u>
Form Number	17
Page Number	2 (contractor to insert)
Print Date	7 (MMCCYY)
SSN	10
BIC	3
First Name	16
Middle Name	2
Last Name	21
DOE	5
FRA	5
Earnings	7
Selection Date	7
PSC	2
DOB	7
Starting Month	10 (ex. SEPTEMBER)
Language Indicator	1 (E for English and S for Spanish)
End Character	1
Applicant Suffix	4

Final record and block lengths to be provided at the post award conference. The PDF417 2-D barcodes must be in accordance with the requirements of ANSI MH 10.8.3M, unless otherwise specified.

Note: The Government reserves the right to make changes to the envelopes at any time during the term of the contract. Notification of a proposed change will be given with sufficient time for the contractor to allow for the change, and submit proofs to the Government. Therefore, the contractor is not to preprint or maintain more than a 90 calendar day surplus/inventory of any of the components required on this contract.

The Government shall not be required to purchase from the contractor the surplus/inventory of any component remaining on hand in excess of what was authorized when an envelope or format/text change is implemented. The Government may require the contractor to make changes to the formats of the notices, OCR scannable forms, instruction sheets, or envelopes at any time during the term of the contract. Therefore pre-printing or stockpiling of any of the components is at the contractor's own risk. The Government shall not be required to purchase from the contractor any of the above listed components on hand when a format change is ordered.

SSA will provide updated resources electronically, as necessary. When the Contractor receives an update to the printer resources, the Contractor shall install them immediately and provide SSA with 100 sample documents, representative of the workload involved, from the test file within one workday for review. Contractor is to continue using existing resources while the samples are being reviewed. Once the samples are approved the contractor will be told when to start using the new resources. Whenever testing is required, the Contractor will be responsible for performing the test on each printer that processes SSA's notices.

During the term of the contract, the Government anticipates making programmatic changes to the daily notices as warranted (e.g., changes in language, format, appearance, etc.). When these changes occur, SSA will print and mail the affected notice workload(s) at their facility for a short period of time. During this time, files for some or all of the notice types may not transmit to the contractor lasting no more than a few days. Only those affected workloads (indicated by filename) will be held back at SSA for validation and production. For example: If the Mid Year Mailer Notice workload were to be changed, SSA would test and print those notices only. The contractor would continue to print and mail the NCOA Notice workloads. SSA's Printing Management Branch will notify the contractor of these changes as soon as possible. Upon successful testing of the changes, SSA shall transmit the new print resources (if necessary) and resume transmission of the notice file(s).

PRODUCTION INSPECTION: Production inspection(s) may be required at the contractor's/subcontractor's plant for the purpose of establishing that the receipt of transmitted files, the printing of pamphlets, leaflets, forms and/or envelopes, the imaging, dating of form inserts, collating, folding, inserting and mailing is being accomplished in accordance with contract quality attributes and requirements. A production inspection is for the purpose of setting specific standards that are to be maintained throughout the entire run. It does not constitute a prior approval of the entire run.

When a production inspection is required, the Government will notify the contractor.

PRESS SHEET INSPECTION: Final makeready press sheets will be inspected and approved at the contractor's plant for the purpose of establishing specified standards for use during the actual press run. Upon approval of the sheets, contractor is charged with maintaining those standards throughout the press run (within QATAP tolerances when applicable) and with discarding all makeready sheets that preceded approval. When a press sheet inspection is required, it will be specified on the individual print order. See GPO Publication 315.3 (Guidelines for Contractors Holding Press Sheet Inspections issued August 2002).

NOTE: A press sheet inspection is for the purpose of setting specific standards that are to be maintained throughout the entire run. It does not constitute a prior approval of the entire run.

Press sheets must contain control bars for each color of ink on the sheet. Control bars must be placed parallel to the press's ink rollers. The control bars (such as, BRUNNER, GATF, GRETAG, or RIT) must show areas consisting of 3/16 x 3/16" minimum solid color patches; tint patches of 25, 50, and 75%; dot gain scale; and gray balance patches for process color (if applicable). These areas must be repeated across the entire press sheet.

When a press sheet inspection is required, the Government will notify the contractor.

Before production begins on any new workloads, a press sheet inspection(s) may be required at the contractor's plant.

MARGINS: Margins will be indicated on print order, sample, copy or electronic file. Adequate gripper margins are required throughout.

BINDING:

Notices: All pages in the notice are gathered in numerical sequence. Notices are to be nested together with all faces forward. Fold from a flat size of 8-1/2 x 11 to 8-1/2 x 5-1/2, title out.

NOTE: All printing, folding, and insertion of the product are to be done by mechanical means. Fold variances that exceed plus or minus 1/16" shall be cause for rejection.

CONSTRUCTION:

Mail-out Envelope (6-1/8 x 9-1/2): Envelope must be open, with gummed fold-over flap for sealing and contain high cut diagonal seams. Flap is at the contractor's option but must meet all USPS requirements. Flap must be coated with suitable glue that will securely seal the envelope without adhering to contents, permit easy opening by the recipient, and not permit resealing of the envelope. Face of envelope to contain a 1-1/2 x 4-1/4" die cut address window with slightly rounded corners.

Die cut is to be located 2" from the bottom edge of the envelope and 3/4" from the left edge of the envelope (the long dimension of the window is to be parallel to the long dimension of the envelope).

The contractor has the option to adjust the size of the window opening (subject to Government approval), providing the visibility of the computer generated mailing address and barcode on the notice is not obscured, and other extraneous information is not visible when material is inserted into the envelope. Window is to be covered with a suitable poly-type, transparent, low-gloss material that must be clear of smudges, lines, and distortions.

Poly-type material must be securely affixed to the inside of the envelope so as not to interfere with insertion of contents. Window material must meet the current USPS readability standards/requirements.

CRM and BRM Return Envelopes (5-3/4 x 8-3/4): Envelope must be open, with gummed fold-over flap for sealing and contain high cut diagonal seams or double side seams. Flap depth must be 1-1/2" and flap must be coated with suitable remoistenable glue that will securely seal the return envelope for mailing. (Adhesive must not adhere to the contents of the envelope.) Must contain a clear area, approximately 3-1/2 x 5/8", behind bar code to ensure the readability of the bar code by the U.S. Postal Service's readability standards. The CRM return envelope must accommodate the two-part scannable forms with only those manufactured folds as specified above. All sizes may be adjusted slightly if end product is suitable for the intended usage.

PACKING: Gather the appropriate number of leaves per notice, fold, and insert into mail-out envelope with recipient's name and address on first page facing out for visibility through window envelope. It is the contractor's responsibility to assure that only the computer-generated address and Intelligent Mail barcode on the notice will be visible through the window in the envelope with only one notice inserted into each envelope. When required, Reply envelope(s) are inserted behind the notice (when viewed from the window side of the envelope). When required, insert form(s), instructions, return envelope(s) behind the notice (when viewed from the window side of the envelope).

NOTE: It is the contractor's responsibility to ensure that the correct material for each mailer will be matched with the scannable forms (which contain 2-D barcode with personalized data) for the same beneficiary and be inserted correctly into the envelope.

DISTRIBUTION:

f.o.b. destination

Notices: On the first order and any order that requires a significant change to the language, format, or appearance of a notice, deliver 30 complete sample copies of each type of notice, inserted into mailout envelopes. **DO NOT SEAL ENVELOPES.** Samples shall be printed and constructed in accordance with these specifications.

Deliver samples to: SSA, Forms Management Team, Attn: Lynn LaMartina/Tracey Vanzego, Room 1330 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

CRM Return, BRM Return envelopes: On the first order and any order that requires a copy change, deliver 10 production samples of each to: SSA, Mail and Postage Policy Team, Attn: Francine Moore, 1712 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

f.o.b. contractor's city

Mail balance of all orders f.o.b. contractor's city. The contractor is responsible for all costs incurred in transporting this product to the U.S. Postal Service facility.

The contractor is cautioned that the "Postage and Fees Paid" indicia may be used only for the purpose of mailing material produced under this contract.

DOMESTIC FIRST-CLASS LETTER-SIZE MAIL

The contractor is required to prepare domestic First-Class letter-size mail in accordance with appropriate USPS rules and regulations, including the USPS Domestic Mail Manual, and Postal Bulletins, in effect at the time of the mailing.

All versions mailed will have a printed "Postage and Fees Paid First-Class Mail" permit imprint mailing indicia. The contractor is cautioned to use the permit imprint only for mailing material produced under this contract. Each mail piece sent under this payment method must bear a permit imprint indicia showing that postage is paid. Permit imprint indicia may be printed directly on mail pieces. Permit imprint mailings must contain at least 200 pieces or 50 pounds.

Note: SSA will provide the contractor with a CASS and NCOA certificate for this discount mailing that must be presented to USPS.

Mail addressed to United States possessions (e.g., America Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Palua, Puerto Rico, Virgin Islands, and Wake Island) and Military Overseas Addresses (APO/FPO mail) is domestic mail and should be included in the discount sorting above.

The contractor is required to prepare First-Class letter-size Domestic Mail in accordance with appropriate USPS rules and regulations, including the USPS Domestic Mail Manual and Postal Bulletins, in effect at the time of the mailing.

The contractor is required to obtain the maximum USPS postage discounts in accordance with the USPS First-Class Domestic Mail automated and non-automated mail discount structure in effect at the time of the mailing:

- (a) Automation Carrier Route (optional)
- (b) Automation (5-digit)
- (c) Automation (3-digit)
- (d) Automation (AADC)
- (e) Automation (Mixed AADC)
- (f) Non-automation (Presorted)
- (g) Non-automation (Single Piece).

Notices contain USPS Intelligent Mail Barcode (IMB) full service option. The contractor will be required to comply with USPS requirements and place the IMB on the notices / mail-pieces of this workload. The contractor is required to be capable of achieving the postage discounts available with the Full-Service option of the IMB program.

NOTE: To achieve automation USPS postal discounts, the contractor is required to either presort the notices prior to printing or sort the mail after the notices are inserted. The contractor must disclose how they will achieve maximum postage discounts as required in the contract. The contractor must disclose and demonstrate how they will achieve automation USPS postal discounts prior to award.

Addresses for these mailers will come from SSA's Master Beneficiary Record (MBR). SSA will provide a certificate indicating that within the last six (6) months the MBR addresses have been matched against USPS-certified Coding Accuracy Support System (CASS) software. SSA will provide an NCOA certificate indicating that, within the last 95 days, the MBR (Title II) addresses have been processed by a licensed National Change of Address service vendor.

If the contractor is seeking to achieve Automation Carrier Route discounts, SSA may not be able to produce a CASS certificate within 90 days of the mailing.

USPS has instituted a verification procedure called a "tap" test. This test is used to screen all mailings with barcoded inserts for proper barcode spacing within the envelope window. When the insert showing through the window is moved to any of its limits inside the envelope, the entire barcode must remain within the barcode clear zone. In addition, a clear space must be maintained that is at least 0.125 (1/8) inch between the left and right edges of the window, and at least 0.028 inch clearance between the Intelligent Mail Barcode and the top and bottom edges of the window. All letters in a mailing must pass the "tap" test in order to obtain the maximum postal discounts for the agency.

The contractor will be responsible for payment of any additional postage resulting from a loss of postage discounts due to failure to pass the "tap" test because of inaccuracy or failure to conform to USPS specifications.

Contractor should be aware that USPS uses the Mail Evaluation Readability Look-up Instrument (MERLIN) to evaluate barcodes. If MERLIN is in effect in the contractor's geographic area, contractor must ensure that all barcoded mail meets the new barcode standards. The contractor will be responsible for payment of any additional postage resulting from a loss of such discounts due to failure of the contractor-generated barcodes to pass the MERLIN test because of inaccuracy or failure to conform to USPS specifications.

MANIFEST MAILING: If the contractor selects to manifest mail in this contract, the contractor must have a Manifest Mailing System (MMS) for First-Class Mail which has been approved by USPS to document postage charges for this mailing. Each mail piece must be identified with a unique identification number or with a key-line containing a unique identification number and rate information about the piece.

Requirements for the MMS are contained in Publication 401 "USPS Guide to the Manifest Mailing System" in effect at the time of the mailing. A copy of the USPS approval for the MMS must be presented at the postaward conference.

MAILING DOCUMENTATION: The contractor shall provide SSA with complete copies of all documents used by USPS to verify and accept the mail (e.g., computer records of presort Zip+4, barcode breakdown, press runs, etc.), including GPO's Form 712 (Certificate of Conformance) noted with file date and mailer number.

The contractor shall place the number that is on top of the GPO Form 712 (the number that starts with "A") in the space provided on the USPS mailing statements. If no space is provided on the mailing statement, place the number in the upper right margin of the mailing statement. The contractor will use **Federal Agency Cost Code 276-00038** on all mailing documents.

The contractor shall provide the copies to SSA's Printing Management Team via overnight/next day delivery carrier (at contractor's expense) within 72 hours of being provided to USPS. All copies must be legible and include both obverse and reverse side and should be addressed to SSA, Printing Management Branch, Attn: Fu Weems/Jamey Cunningham, 1357 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235- 6401.

NOTE: The contractor is required to complete and email to SSA daily an MS EXCEL database/spreadsheet for each day of mailing. The database/spreadsheet will have fields for the contractor to complete. These fields will include: Job Title, Jacket Number, Program and Print Order Numbers, as well as the itemized breakdown of the postage computation found on the Postal Form PS3600R. The contractor will be required to email the completed database/spreadsheet to Fu.Weems@ssa.gov and Jamey.Cunningham@ssa.gov within two (2) days of each mail drop. (See Exhibit D, Database/Spreadsheet for Postal Documentation.)

Within 10 workdays of completion of each order, one copy of the contractor's billing voucher must be sent via email to SSA, Attn: Fu.Weems@ssa.gov and Jamey.Cunningham@ssa.gov.

Within 10 workdays of completion of each mailing, ship 20 sample copies of each mailing package to Social Security Administration, Receiving Clerk, Attn: Lynn LaMartina/Tracey Vanzego, 1330 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401. Maximum loading clearance 13'3".

Within 10 workdays of completion of each mailing, ship 20 sample copies of each mailing package to Social Security Administration, Receiving Clerk, Attn: Fu Weems/Jamey Cunningham, 1357 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

Within 10 workdays of completion of the mailing, one copy of the billing payment voucher form 1034 for each print order showing amount of billing invoice must be sent to: SSA, Attn: Fu Weems/Jamey Cunningham, Printing Management Branch, 1357 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-0000. The original voucher must be sent to the Comptroller FMCE, U.S. Government Printing Office, Washington, DC 20401.

Furnished material, proofs, and USPS validated copies of postal documentation must be delivered (via overnight carrier, at contractor's expense) to: SSA, Attn: Fu Weems/Jamey Cunningham, Printing Management Branch, 1357 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

Upon termination of this contract, the contractor must return all furnished materials for each envelope, notice, scannable form and instruction sheet to: SSA, Attn: Fu Weems/Jamey Cunningham, Printing Management Branch, 1357 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

All expenses incidental to picking up and returning furnished materials, submitting proofs and/or press samples, and furnishing sample copies must be borne by the contractor.

SPECIAL MAILING REQUIREMENTS:

CERTIFIED MAIL: Special Notice Option (SNO) mail pieces included in these mailings will be required to be mailed using USPS Certified Mail. A receipt showing that the mail was accepted by the Post Office is a requirement for SNO mail. The contractor will prepare these mail pieces according to USPS regulations contained in the Domestic Mail Manual (DMM) under Section 503.3.0, Certified Mail.

INTERNATIONAL REGISTERED MAIL: Special Notice Option (SNO) mail-pieces included in these mailings will be required to be mailed using USPS International Registered Mail since Certified Mail cannot be used for foreign addresses. A receipt showing that the mail was accepted by the Post Office is a requirement for SNO mail. The contractor will prepare these mail-pieces according to USPS regulations contained in the International Mail Manual (IMM) under Section 330, Registered Mail.

PAYMENTS ON PURCHASE ORDER: Processing vouchers for payment, FAX the completed invoice to us by utilizing the GPO barcode coversheet program application. Access the following hyperlink and follow the instructions as indicated:

<http://winapps.access.gpo.gov/fms/vouchers/barcode/instructions.html>.

Facsimile transmission should only be used when no samples are required with your invoice, otherwise payment will be held up while the invoice is returned to you for the required sample(s).

If mailed, all voucher packages and envelopes **MUST** be mailed to: COMPTROLLER-FMCE, Office of Financial Management, U.S. Government Printing Office, Washington, DC 20401

Note Do not mail your invoice to any other GPO Procurement Office as this will delay payment

SCHEDULE - PRIOR TO PRODUCTION:

Prior to receiving wire transmission of live production data files, the contractor will be required to perform the following prior to production tests:

Wire Transmission Test

This test is to be performed after the Government is notified of the availability of the system or within 7 calendar days after the T1 equivalent bandwidth connection has been installed.

(See WIRE TRANSMISSION TEST on page 19 of 36)

Preproduction Validation Test:

The test is to be performed within 3 workdays after final approval of proofs and prior to the Preproduction Print/Mail Run Test.

(See PREPRODUCTION VALIDATION TEST on page 19 of 36)

Preproduction Press and Mail-Run Test:

The test is to be performed within 3 workdays after final approval of validation test samples and after the contractor receives the materials necessary to perform the test.

(See PREPRODUCTION PRESS/MAIL RUN TEST on page 21 of 36)

NOTE: Contractor must notify the GPO of the date and time the preproduction press/mail-run test will be performed. In order for proper arrangements to be made, notification must be given at least 3 workdays prior to all tests.

The contractor will be required to have all material(s) necessary to perform these tests. Government representative will witness all phases of the Preproduction Press and Mail Run Test. The contractor must produce a sufficient amount of notices that will prove to the Government representatives that the contractor can satisfactorily complete the requirements of this contract during live production.

NOTE: Failure of the contractor to perform any of the above tests satisfactorily may be cause for default. The Government reserves the right to waive the requirements of these tests. The contractor will be notified at the Post award Conference if any test(s) will be waived.

SCHEDULE - PRODUCTION:

The first print order for actual product will be issued in June 2011

For each option year exercised, the files for the Mid Year Mailer notices will be provided for each mailing in or around the fourth week of every June - October.

Furnished production files will be transmitted for the Mid Year Mailer (MYM) workload, as follows:

- Mailers 1 and 2 - Transmits in June with a second transmission to occur in either August or September
- Mailers 3 and 4 – Transmits monthly, July through October. Transmissions August through October will only include L9781-SM and L9781-SM-SP.

Upon receipt of the production files for the third, fourth, and fifth print orders for Mailers 1 (131, L9790, L9781 and L9781-SP) the vendor will send ten (10) PDF sample copies of the output to SSA for approval. SSA will review the sample copies and provide an “OK TO PRINT” within 24 hours. The vendor must not print or mail these notices prior to receipt of an “OK TO PRINT”.

Furnished production files will be transmitted for the National Change of Address (NCOA) workload, as follows:

- Mailers 5 and 6 – Transmits the months of March, June September and December.

Furnished production files will be transmitted for the Step Parent workload, as follows:

- Mailers 7-9 - Transmits in December.

Furnished production files will be transmitted for the Fee Adjustment workload, as follows:

- Mailers 10-11 - Transmits in November.

Note: Any or all mailers can include certified or registered mail files. These specific files will mail only when required and will mail with any of the print orders. The contractor is to adhere to the corresponding mail schedule for the print order in which the certified mail files occur.

Proofs:

The contractor must submit all proofs for the envelopes within seven (7) workdays after receipt of furnished materials.

The Government will hold proofs no more than five (5) workdays from their receipt thereof until they are made available for pickup. (The first workday after receipt of proofs at the Department is day one (1) of the hold time.)

The contractor must submit revised proofs, if necessary due to author's alterations, within five (5) workdays of notification.

The Government will hold revised proofs for three (3) workdays from receipt thereof until made available for pickup.

For Press Samples with Variable Data (Validation):

The contractor shall submit the samples *with* the variable data within five (5) workdays after Government approval of proofs. The contractors shall furnish press samples with variable data in accordance with contract requirements. The Government will approve, conditionally approve, or disapprove the press samples with variable data validation output within five (5) workdays of receipt thereof. If necessary, the contractor must submit revised press samples with variable data within three (3) workdays of notification. The Government will approve, conditionally approve or disapprove the revised press samples without variable data within three (3) workdays of receipt thereof.

(See PREPRODUCTION VALIDATION TEST on page 20 of 38)

For Production and Mailing:

Adherence to this schedule must be maintained. Contractor must provide SSA with notice counts within one workday after receiving files to verify that complete files have been received.

Contractor must complete all printing and mailing for all orders within 10 workdays after receipt of "OK to Print". In the event that it becomes necessary for the contractor to deviate from the specified mail out date or the quantity to be mailed, the SSA must be notified immediately.

Furnished material and proofs must be picked up from and delivered to SSA, Printing Management Branch, Attn: Fu Weems/Jamey Cunningham, 1357 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235- 6401.

Manuscript and/or camera copy must be returned with proofs.

ACCELERATED PRODUCTION SCHEDULE: On occasion, the SSA may require an order to be produced on an accelerated schedule. Accelerated orders will require complete production and mailing of the notices within 5 workdays after receipt of "OK to Print". For work produced under the accelerated production schedule the Contractor will receive a "Premium Payment" of 15%. Premium payments, when authorized, will apply to all items except Item IV., "PAPER" in the "SCHEDULE OF PRICES."

NOTE: Failure of the contractor to deliver work at the time specified will result in disallowance of premium payments that were anticipated and the contractor will not list such items on their voucher.

Sample copies of notices and envelopes (with first order or whenever SSA makes a significant change), delivered to SSA on regular schedules, must be delivered within 10 workdays after completion of the order.

One copy of billing payment voucher form 1034 for each print order showing amount of billing invoice must be sent within 10 days of mailing date to: SSA, Printing Management Branch, Attn: Fu Weems/Jamey Cunningham, 1357 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235- 6401. The original voucher will be sent to the Comptroller FMS, U.S. Government Printing Office.

PRODUCTION AND PRESS SHEET INSPECTIONS: The contractor must notify the GPO of the date and time that the Production Inspection OR Press Sheet Inspection can be performed. In order for proper arrangements to be made, notification must be given at least 72 hours prior to the inspection for orders placed on the regular schedule.

Notify the U.S. Government Printing Office, Contract Administrator, Term Contracts Division (P.C.), telephone area code 202-512-0310. Telephone calls will only be accepted between the hours of 8:00 am and 2:00 pm, prevailing Eastern Time. Note: See contract clauses, paragraph 14(e) (1), Inspections and Tests in GPO Contract Terms (**GPO Pub. 310.2, effective December 1, 1987; Rev. 6-01**). When supplies are not ready at the time specified by the contractor for inspection, the Contracting Officer may charge to the contractor the additional cost of the inspection.

NOTE: *If the backup facility is used for the production of these notices, the Government will require a press sheet inspection. Prior to production, notification must be given at least 72 hours in advance of production start up.*

Unscheduled material such as shipping documents, receipts or instructions, delivery lists, and labels will be furnished with the order or shortly thereafter. In the event such information is not received in due time, the contractor will not be relieved of any responsibility in meeting the shipping schedule because of failure to request such information.

Upon completion of each order, the contractor is to notify the U.S. Government Printing Office of the date of shipment (or delivery, if applicable). Call (202) 512-0516 or (202) 512-0517; callers outside the Washington, DC area may call toll free 800-424-9470 or 800-424-9471.

SECTION 3 - DETERMINATION OF AWARD

The Government will determine the lowest bid by applying the prices offered in the "SCHEDULE OF PRICES" to the following units of production which are the estimated requirements to produce the one (1) year's production requirements under this contract. These units do not constitute, nor are they to be construed as, a guarantee of the volume of work which may be ordered under this contract for a like period of time.

The following item designations correspond to those listed in the "SCHEDULE OF PRICES."

- I. (a) 85
(b) 15

- II. (a) 11
(b) 73,793
(c) 30,023

- III. (a) 44,545
(b) 21,775
(c) 8,248

- IV. (a) 21,775

- V. (a) 1
(b) 1

SECTION 4 - SCHEDULE OF PRICES

Bids offered are f.o.b. destination to Baltimore, Maryland and f.o.b. contractor's city for all mailing.

Bidder must make an entry in each of the spaces provided. Bids submitted with any obliteration, revision, or alteration of the order and manner of submitting bids may be declared nonresponsive.

An entry of NC (No Charge) shall be entered if bidder intends to furnish individual items at no charge to the Government.

Bids submitted with NB (No Bid) or blank spaces for an item may be declared nonresponsive.

The Contracting Officer reserves the right to reject any offer that contains prices for individual items of production (whether or not such items are included in the Determination of Award) that are inconsistent or unrealistic in regard to other prices in the same offer or to GPO prices for the same operation if such action would be in the best interest of the Government.

Fractional parts of 100 will be prorated at the per-100 rate.

I. COMPOSITION: Prices offered must include the cost of all operations and materials necessary in accordance with the terms of these specifications for the notices, scannable forms, eight (8) mail-out envelope, six (6) CRM return envelope and one (1) BRM return envelopes.

(a) Notices and Scannable Forms..... per page \$_____

(b) Envelopes per envelope \$_____

II. PRINTING/IMAGING AND BINDING/CONSTRUCTION: Prices offered must include the cost of all materials and operations (including proofs, press samples and stock) necessary for the complete printing/imaging and binding/construction of the product listed in accordance with these specifications.

(a) *Makeready/setup charge..... \$_____

*Contractor will be allowed only one (1) makeready/setup charge per order. This combined charge shall include all materials and operations necessary to makeready and/or setup the contractor's equipment for that run. Invoices submitted with more than one makeready/setup charge per order will be disallowed.

(b) Notices and Scannable forms: Printing in blackper 100 pages \$_____

(c) Envelopes: Printing in black, including construction.....per 100 envelopes \$_____

III. PAPER: Payment for all paper supplied by the contractor under the terms of these specifications, as ordered on the individual print order, will be based on the net number of leaves furnished for the product(s) ordered in the applicable "Trim Size" group. The cost of any paper required for makeready or running spoilage must be included in the prices offered.

Computation of the net number of leaves will be based on the following:

Notices and Scannable forms: 8-1/2 x 11" A charge will be allowed for one page-size leaf.

Mail-out Envelopes: 6-1/8 x 9-1/2" One leaf will be allowed for each envelope.

CRM/BRM Return Envelopes: 5-3/4 x 8-3/4" One leaf will be allowed for each envelope.

(Initials)

Per 100 Leaves

- (a) Notices, forms, and inserts (8-1/2 x 11")
White OCR Bond (20 lb.) or White Offset Book (50 lb.) \$ _____
- (b) Mail-out Envelopes (6-1/8 x 9-1/2")
White Writing (24 lb.) or White Offset Book, (60 lb.) \$ _____
- (c) CRM/BRM Return Reply Envelope (5-3/4 x 8-3/4")
White Writing (20 lb.) or White Offset Book (50 lb.) \$ _____

IV. ASSEMBLY/PACKAGING AND MAILING: Prices offered must include the cost of all required materials and operations necessary for the mailing of the notice(s) including cost of collating notice(s) (single or multiple leaves) in proper sequence and folding to required size in accordance with these specifications, insertion of notice(s) and reply envelope (if required) into mail-out envelope and mailing in accordance with these specifications.

Per 100 Mailers

- (a) All Mailers: Inserting of required materials for each mailer \$ _____

V. PRE-PRODUCTION TESTS: Price offered must include all costs incurred in performing the tests as specified in these specifications. These costs shall cover but are not limited to: machine time, personnel, all required materials, wire transmissions, films, electronic pre-press, plates, paper, printing, imaging, collating, inserting, mail preparation, and any other operations necessary to produce the required quantities of the product in the time specified and in accordance with specifications.

- (a) Wire Transmission Test..... \$ _____
- (b) Pre-production Validation Test..... \$ _____
OR Systems Change/New Notice Files Validation Test

INSTRUCTIONS FOR BID SUBMISSION: Fill out "SECTION 4. – SCHEDULE OF PRICES," initialing or signing each page in the space(s) provided. Submit two copies (original and one exact duplicate) of the "SCHEDULE OF PRICES" with two copies of the GPO Form 910 "BID" form. Do not enter bid prices on GPO Form 910; prices entered in the "SCHEDULE OF PRICES" will prevail.

Bidder _____

(City - State)

By _____
(Signature and title of person authorized to sign this bid)

(Person to be contacted)

(Telephone Number)

CONTRACTOR PERSONNEL SECURITY CERTIFICATION

Purpose: This form is used for contractor personnel to certify that they understand SSA's security and confidentiality requirements.

I understand the SSA security and confidentiality requirements and agree that:

1. I will follow all SSA rules of conduct and security policy/privacy rules/regulations.
2. I agree not to construct and maintain, for a period of time longer than required by the contract, any file containing SSA data unless explicitly agreed to by SSA in writing as part of the task documentation.
3. I agree to safeguard SSA information, whether electronic or hardcopy, in secured and locked containers during transportation.
4. I will use all computer software according to Federal copyright laws and licensing agreements.
5. I agree to keep confidential any third-party proprietary information which may be entrusted to me as part of the contract.
6. I will comply with systems security requirements contained in the SSA Systems Security Handbook.
7. I will not release or disclose any information subject to the Privacy Act of 1974, the Tax Return Act of 1976, SSA Regulation 1 and section 1106 of the Social Security Act to any unauthorized person.
8. I understand that disclosure of any information to parties not authorized by SSA may lead to criminal prosecution under Federal law.

_____	_____
Contractor	Date
_____	_____
Contractor Employee	Date
_____	_____
Contractor Employee	Date
_____	_____
Contractor Employee	Date
_____	_____
Contractor Employee	Date
_____	_____
Contractor Employee	Date

Contractor Employee	Date

Contractor Employee

Date

Exhibit B: System Plan

SYSTEM PLAN

TYPE OF PROPOSED MAINFRAME PLATFORM _____

TYPE OF PERSONAL COMPUTER _____

MEDIA TO BE USED FOR RECEIPT OF FILE TRANSMISSION _____

FILE STORAGE MEDIUM _____

CONNECT:DIRECT INSTALLED? _____

AMOUNT OF AVAILABLE FILE STORAGE SPACE _____

TYPE OF PRINT STREAM MAIL RUN CONTROL SYSTEM _____

TYPE OF NETWORK PLATFORM (i.e., NOVELL/NT/UNIX) _____

Exhibit C - Sequence Summary Report

Must include the following information:

1. Job Name
2. File date
3. Mailer number
4. Piece Quantity
5. Operator(s)
6. Date created (date and time)
7. Date modified (date and time)
8. Sequence Start Range
9. Sequence End Range

Must include the following information from the run(s), this may appear multiple times to complete a single run:

1. Quantity
2. Range
3. Event
4. Start time
5. End time

Example:

<u>Sequence Summary Report</u>							
<u>Job Information</u>				<u>Operation Information</u>			
Job Name:	Title XVI						
File Date:	5/2/2007			Start Range:	19386		
Mailer #:	4			End Range	35862		
Piece Quantity:	16477						
Job Status:	OPEN						
Operator:	John Doe						
Date Created:	5/10/2007	10:29:54					
Date Modified:	5/10/2007	14:22:34					
<u>Run Information</u>							
<u>Quantity</u>	<u>Range</u>	<u>Event</u>	<u>Start Time</u>		<u>End Time</u>		
2182	19386 - 21567	Standard Handling	5/10/2007	10:31:04	5/10/2007	11:12:45	
1	21568	Spoiled	5/10/2007	11:12:50	5/10/2007	11:12:50	
948	21569 - 22516	Standard Handling	5/10/2007	11:13:10	5/10/2007	11:28:06	
2	22517 - 22518	Spoiled	5/10/2007	11:28:08	5/10/2007	11:28:08	
13344	22519 - 35862	Not Processed					
<u>Statistical Summary</u>							
3130 Processed Piece(s)		3 Spoiled pieces					
3130 Processed Piece(s)		3 Unprocessed Piece					
3133 Total Piece(s) Handled							
13344 Total Piece(s) Not Processed							

SECURITY REQUIREMENTS

Purpose: To provide procedures for obtaining suitability determinations for contractor personnel who will be performing under the contract.

Definition: “*Performing under the contract*” is defined as either working on-site at an SSA facility (including visiting the SSA site for any reason) or having access to agency programmatic or sensitive information.

Suitability Factors: Suitability considerations include:

- Delinquency or misconduct in prior employment.
- Criminal, dishonest, infamous, or notoriously disgraceful conduct.
- The nature and seriousness of the conduct.
- When the conduct occurred.
- The applicant’s or employee’s age at the time of the conduct.
- The circumstances surrounding the conduct.
- Intentional false statement, deception, or fraud on application forms.
- Habitual use of intoxicating beverages to excess.
- Abuse of narcotics, drugs, or other controlled substances.
- Reasonable doubt as to the loyalty of the individual to the Government of the United States.
- The kind of position for which the person is applying or in which the person is employed.
- Contributing social and environmental conditions.
- The absence or presence of rehabilitation or efforts towards rehabilitation.

Authorities:

Personnel security requirements for programmatic and sensitive information are mandated by Executive Orders 10450 and 12968, and Title 5, Code of Federal Regulations (CFR), Parts 731, 732, and 736.

Protective security requirements mandated by the General Services Administration (GSA).

Required Forms:

Two (2) completed forms FD-258, "Fingerprint Charts*," (The contractor will absorb the costs for obtaining fingerprints.)

One (1) completed SF-85P, "Questionnaire for Public Trust Positions,"

One (1) completed Optional Form 306, "Declaration for Federal Employment,"

One (1) completed "Fair Credit Reporting Act (FCRA) authorization form**," and

For a non-U.S. citizen, one (1) legible photocopy of the work authorization permit and Social Security card.

* Preprinted with MD 900310Z, SOC SEC ADMIN, PROT SEC BR, BALTIMORE, MD on the form.

** The FCRA, as amended on September 30, 1997, requires that the Government notify each applicant, employee, and contractor (in a document consisting solely of the notice) that a consumer report may be used for employment purposes. The applicant, employee, or contractor must authorize this use in writing before the Government obtains the consumer report. The FCRA also requires that, before taking adverse action relative to an employment decision based on a consumer report, the agency provide the consumer with a copy of the report, and a copy of the Federal Trade Commission's Consumer Rights Notice. To comply with these requirements, SSA requires that the contractor submit each applicant's or employee's signed FCRA authorization form along with the other investigative documents.

Obtaining Forms: The contracting officer will include a set of the forms with the signed contract.

The contractor may contact the Social Security Administration (SSA) Personnel Security Suitability Program Officer (SPO) on (410) 965-4548 for additional forms.

Forms Completion: The contractor must make sure that all forms are fully completed. This includes making sure that the fingerprint charts are printed legibly or typed in black ink and all signatures are in black ink.

Forms Submission: The contractor must submit the completed forms for each employee and replacement employee (including each subcontractor employee) who will be performing under the contract to the Personnel Security SPO. The Government will not permit contractor personnel to perform under the contract until the prescreening process is complete. See prescreening below.

Cover Letter:

The contractor must provide a cover letter listing:

The names of employees for whom completed forms are submitted;

The contract number; and

The contractor's contact name and telephone number.

Notes: (1) The prescreening process may take up to fifteen (15) days. (2) If contractor personnel will require access to an SSA facility, the contractor should contact the SSA project officer to obtain a copy of the access procedures. Also note that some facilities require access forms to be completed and approved after prescreening is completed but before access. The access process may take as many as seven (7) days (five (5) working days) at a Headquarter's facility. For access to a regional or field facility, contact the SSA project officer to determine how much time may be needed.

The Personnel Security SPO's address is:

Social Security Administration
OPE Security and Suitability Staff
Room 1260 Dunleavy
6401 Security Boulevard
Baltimore, Maryland 21235
Phone: (410) 965-4548

Note: The SSA Project Officer (PO) needs to know for whom and when the completed forms are submitted. To accomplish this, when submitting the forms for processing, the contractor must send a copy of the cover letter or e-mail this information to the PO.

Waiver:

For contractor employees performing services on-site at an SSA facility up to one (1) day *and* where access to programmatic or sensitive information is not required, the contractor may request that the Personnel Security SPO waive submission of the FD-258s and the Credit Authorization form.

If the SPO authorizes a waiver, it will apply only to the one (1) day for which the contractor requested it.

If an individual subsequently performs or is expected to perform additional work, the SPO will not approve another waiver. The contractor must therefore submit the FD-258s and Credit Authorization form.

Prescreening:

The Personnel Security SPO will use the information from the completed forms as part of the basis for making a prescreening determination. The Personnel Security SPO will notify the contractor whether a prospective employee may or may not perform under the contract pending a final suitability determination. Concurrently, the Personnel Security SPO will send a copy of the notification to the contracting officer and project officer.

Timeframe for Prescreening

The contractor should anticipate that the Personnel Security SPO will issue the notification within fifteen (15) days after receipt of the properly completed forms.

Final Suitability Determination

The Personnel Security SPO makes the final suitability determination for each contractor employee.

Note: The contractor may expect a final suitability determination to be received approximately 45 days after submittal of the completed forms.

Unsuitable Employees:

If the Government determines that a contractor employee or applicant is unsuitable, the Personnel Security SPO will advise the contractor in writing that such employee may not continue to perform or begin performing under the contract. Concurrently, the Personnel Security SPO will send a copy of the notification to the CO and PO.

When the contractor receives the notification, the contractor must *immediately* remove the employee from performing under the contract. The contractor must confirm, in writing to the SPO, the date of the employee's removal.

Concurrently, the SPO will advise the PO and CO that he has notified the contractor that the proposed contractor personnel have been determined unsuitable/unfit to perform on the contract and must be replaced. The letter will also request that a replacement(s) be named and the appropriate security forms completed as quickly as possible in order that contract performance will not be adversely impacted. The SPO's letter will also advise the contractor to contact the CO if there are any contract performance problems related to the removal.

Neither the denial resulting from the prescreening nor the removal of an individual determined unsuitable gives rise to an equitable adjustment under the contract.

Contractor Notification to Government:

In the event that contractor personnel performing on this contract either leave the company or are removed from the project, or are arrested or charged with a crime during the term of this contract, the contractor shall notify the Personnel Security SPO immediately. In the notification, the contractor must provide the contractor personnel name(s), SSN, the type of charge(s), the court date, and, if available, the disposition of the charge(s).

Government Control:

The Government has full control over granting, denying, or withholding access to SSA facilities and for requiring the contractor to remove personnel from performing under the contract.

Following a successful prescreening, the Government will usually permit contractor personnel to work on the contract pending a final suitability determination.

Permitting a contractor employee to work does not assure that a favorable final suitability determination will follow. This permission to work or issuance of a favorable final suitability determination does not prevent, preclude, or bar the Government from withdrawing or terminating any such permission or suitability determination.

Exhibit E: Questionnaire for Public Trust Positions (Standard Form 85P)

Standard Form 85P
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
85-1602

Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 7 and the release on Page 8. *If you have any questions*, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well.

These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.
2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
7. All telephone numbers must include area codes.
8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

Final Determination on Your Eligibility

Final determination on your eligibility for a public trust or sensitive position and your being granted a security clearance is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the system of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

**QUESTIONNAIRE FOR
 PUBLIC TRUST POSITIONS**

OPM USE ONLY	Codes	Case Number
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Agency Use Only (Complete items A through P using instructions provided by USOPM)

A Type of Investigation	B Extra Coverage	C Sensitivity/Risk Level	D Compu/ADP	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder None NPRC At SON	Other Address						ZIP Code
L SOI		M Location of Security Folder None At SOI NPI	Other Address					
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number		Date	

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN". - If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	2 DATE OF BIRTH					
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year

3 PLACE OF BIRTH - Use the two letter code for the State. City	County	State	Country (if not in the United States)	4 SOCIAL SECURITY NUMBER
--	--------	-------	---------------------------------------	---------------------------------

5 OTHER NAMES USED					
#1 Name	Month/Year	To	#3 Name	Month/Year	To
#2 Name	Month/Year	To	#4 Name	Month/Year	To

6 OTHER IDENTIFYING INFORMATION	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male
--	--------------------------	-----------------	------------	-----------	---

7 TELEPHONE NUMBERS	Work (include Area Code and extension) Day () Night ()	Home (include Area Code) Day () Night ()
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8 CITIZENSHIP a Mark the box at the right that reflects your current citizenship status, and follow its instructions. <input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer items b and d. <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. Answer items b, c and d. <input type="checkbox"/> I am not a U.S. citizen. Answer items b and e.	b Your Mother's Maiden Name
--	------------------------------------

9 UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.				
Naturalization Certificate (Where were you naturalized?)				
Court	City	State	Certificate Number	Month/Day/Year Issued

Citizenship Certificate (Where was the certificate issued?)				
City	State	Certificate Number	Month/Day/Year Issued	

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States				
Give the date the form was prepared and give an explanation if needed.		Month/Day/Year	Explanation	
U.S. Passport				
This may be either a current or previous U.S. Passport			Passport Number	Month/Day/Year Issued

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.	Country
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e ALIEN If you are an alien, provide the following information:						
Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship	

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

#1	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							
#2	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							
#3	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							
#4	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							
#5	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

Use one of the following codes in the "Code" block:

- 1 - High School
- 2 - College/University/Military College
- 3 - Vocational/Technical/Trade School

For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

For correspondence schools and extension classes, provide the address where the records are maintained.

#1	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School						
State						
ZIP Code						
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State
ZIP Code						
Telephone Number ()						
#2	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School						
State						
ZIP Code						
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State
ZIP Code						
Telephone Number ()						
#3	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School						
State						
ZIP Code						
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State
ZIP Code						
Telephone Number ()						

Enter your Social Security Number before going to the next page →

11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

• **Code.** Use one of the codes listed below to identify the type of employment:

- | | | | |
|-----------------------------------|---|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) | 7 - Unemployment (Include name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | 6 - Self-employment (Include business and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) | |
| 3 - U.S.P.H.S. Commissioned Corps | | | |
| 4 - Other Federal employment | | | |

• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

#1		Month/Year To	Month/Year Present	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank			
Employer's/Verifier's Street Address					City (Country)	State	ZIP Code	Telephone Number ()	
Street Address of Job Location (if different than Employer's Address)					City (Country)	State	ZIP Code	Telephone Number ()	
Supervisor's Name & Street Address (if different than Job Location)					City (Country)	State	ZIP Code	Telephone Number ()	
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title		Supervisor				
	To								
	Month/Year	Month/Year	Position Title		Supervisor				
		To							
Month/Year	Month/Year	Position Title		Supervisor					
		To							
#2		Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank			
Employer's/Verifier's Street Address					City (Country)	State	ZIP Code	Telephone Number ()	
Street Address of Job Location (if different than Employer's Address)					City (Country)	State	ZIP Code	Telephone Number ()	
Supervisor's Name & Street Address (if different than Job Location)					City (Country)	State	ZIP Code	Telephone Number ()	
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title		Supervisor				
	To								
	Month/Year	Month/Year	Position Title		Supervisor				
		To							
Month/Year	Month/Year	Position Title		Supervisor					
		To							
#3		Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank			
Employer's/Verifier's Street Address					City (Country)	State	ZIP Code	Telephone Number ()	
Street Address of Job Location (if different than Employer's Address)					City (Country)	State	ZIP Code	Telephone Number ()	
Supervisor's Name & Street Address (if different than Job Location)					City (Country)	State	ZIP Code	Telephone Number ()	
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title		Supervisor				
	To								
	Month/Year	Month/Year	Position Title		Supervisor				
		To							
Month/Year	Month/Year	Position Title		Supervisor					
		To							

Enter your Social Security Number before going to the next page →

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

#4	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title		Supervisor		
	To						
	Month/Year	Month/Year	Position Title		Supervisor		
	To						
Month/Year	Month/Year	Position Title		Supervisor			
To							
#5	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title		Supervisor		
	To						
	Month/Year	Month/Year	Position Title		Supervisor		
	To						
Month/Year	Month/Year	Position Title		Supervisor			
To							
#6	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title		Supervisor		
	To						
	Month/Year	Month/Year	Position Title		Supervisor		
	To						
Month/Year	Month/Year	Position Title		Supervisor			
To							

12	YOUR EMPLOYMENT RECORD	Yes	No
Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.			

Use the following codes and explain the reason your employment was ended:

- | | | |
|--|--|--|
| 1 - Fired from a job | 3 - Left a job by mutual agreement following allegations of misconduct | 5 - Left a job for other reasons under unfavorable circumstances |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance | |

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page

16 YOUR MILITARY HISTORY	Yes	No
a Have you served in the United States military?		
b Have you served in the United States Merchant Marine?		

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

•Code. Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

•O/E. Mark "O" block for Officer or "E" block for Enlisted.

•Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

•Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate No.	Status				Country
				O	E	Active	Active Reserve	
	To							
	To							

17 YOUR SELECTIVE SERVICE RECORD	Yes	No
a Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to b.		
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.		

Registration Number Legal Exemption Explanation

18 YOUR INVESTIGATIONS RECORD	Yes	No
a Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.		

Codes for Investigating Agency

1 - Defense Department

2 - State Department

3 - Office of Personnel Management

4 - FBI

5 - Treasury Department

6 - Other (Specify)

Codes for Security Clearance Received

0 - Not Required

1 - Confidential

2 - Secret

3 - Top Secret

4 - Sensitive Compartmented Information

5 - Q

6 - L

7 - Other

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

19 FOREIGN COUNTRIES YOU HAVE VISITED	Yes	No
List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)		

•Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other

•Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

•Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#5	To		
#2	To			#6	To		
#3	To			#7	To		
#4	To			#8	To		

Enter your Social Security Number before going to the next page →

20 YOUR POLICE RECORD (Do not include anything that happened before your 16th birthday.)

In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.)

If you answered "Yes," explain your answer(s) in the space provided.

Month/Year	Offense	Action Taken	Law Enforcement Authority or Court (City and county/country if outside the U.S.)	State	ZIP Code

21 ILLEGAL DRUGS

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

a In the last year, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

b In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?

If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
To			
To			
To			

22 YOUR FINANCIAL RECORD

a In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.

Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

b Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.

If you answered "Yes," provide the information requested below:

Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Oblige	State	ZIP Code

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 8.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)	Date

Enter your Social Security Number before going to the next page

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)	Date Signed
Other Names Used		Social Security Number
Current Address (<i>Street, City</i>)	State	ZIP Code
		Home Telephone Number (<i>Include Area Code</i>) ()

UNITED STATES OF AMERICA
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

(Investigator instructed to write in position title.)

As part of the investigative process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)		Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used				Social Security Number
Current Address (<i>Street, City</i>)			State	ZIP Code
			Home Telephone Number (<i>Include Area Code</i>) ()	

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

**MD900310Z
SOC SEC ADMIN
BALTIMORE, MD**

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CIT

SEX RACE HGT WGT EYES HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS _____

ARMED FORCES NO. MNU

REF. _____

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment

GENERAL INFORMATION

1. FULL NAME <i>(First, middle, last)</i> ◆	2. SOCIAL SECURITY NUMBER ◆
3. PLACE OF BIRTH <i>(Include city and state or country)</i> ◆	4. DATE OF BIRTH <i>(MM/DD/YYYY)</i> ◆
5. OTHER NAMES EVER USED <i>(For example, maiden name, nickname, etc)</i> ◆ ◆	6. PHONE NUMBERS <i>(Include area codes)</i> Day ◆ Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? YES NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
- 7b. Have you registered with the Selective Service System? YES NO *If "NO" go to 7c.*
- 7c. If "NO," describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military? YES *Provide information below* NO
If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From <small>MM/DD/YYYY</small>	To <small>MM/DD/YYYY</small>	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

- | | | |
|--|--------------------------|--------------------------|
| 9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? <i>(Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? <i>(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you delinquent on any Federal debt? <i>(Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Declaration for Federal Employment

Form Approved
OMB No. 3206-0187

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*
- YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?
- YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

Certifications / Additional Questions

APPLICANT: *If you are applying for a position and have not yet been selected,* carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: *If you are being appointed,* carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date _____
(Sign in ink)

17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer: Enter Date of Appointment or Conversion MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

YES NO Do Not Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

YES NO Do Not Know

Federal Investigations Notice

Letter No. 98-02

Date: March 6, 1998

On September 30, 1997, amendments to the Fair Credit Reporting Act (FCRA) (15 U.S.C. § 1681, *et seq.*) became effective as a result of the Consumer Credit Reporting Reform Act of 1996. The amendments require changes on the part of the users of consumer reports and providers of information to consumer reporting agencies. These changes impact on OPM-IS as the provider of investigative services to other Federal agencies, and on our customer agencies as the final users of credit information gathered as a result of OPM's investigations.

Most notably, **Section 1681b** of title 15 addresses permissible purposes for which consumer reports may be furnished and conditions for furnishing and using consumer reports for employment purposes. If an a enc. intends to use a consumer report for employment purposes, **Subsection 1681b (b) (2)** of title 15 requires that the applicant/employee be notified in a document consisting solely of the notice that a consumer report may be used, and the applicant/employee must authorize this use in writing before the consumer report is obtained.

Subsection 1681b (b)(3) of title 15 requires that, before taking adverse action relative to an employment decision based on a consumer report, the agency must provide the consumer with a copy of the report, and a copy of the Federal Trade Commission's (FTC) Consumer Rights Notice.

The notice, disclosure, certification and adverse action requirements of the FCRA do not directly apply to OPM-IS in its role as the provider of investigative services to other requesting Federal agencies. However, we do obtain credit reports on behalf of other Federal agencies, and will require those Federal agencies to certify that they are the procurer of the credit report and that they are compliant with the FCRA's relevant provisions. We are, therefore, sending under separate cover a request to each agency for a one-time blanket certification to this effect, to be completed and returned to OPM-IS no later than May 1, 1998.

We will ask that the certification acknowledge that the requesting Federal agency is the procurer of the credit report for purposes of compliance with the FCRA.

We will also ask that the requesting Federal agency certify that it is compliant with all relevant provisions of the FCRA. This certification should include certification that the agency will (a) clearly and conspicuously disclose to the subject of investigation, in a written document consisting solely of the disclosure, that the agency may obtain a credit report for employment purposes; and (b)

obtain the subject's written authorization to obtain the credit report. It will also state that the agency will not take adverse action against the subject of investigation, based in whole or in part upon the credit report, without first providing the subject a copy of the report and a written description of the subject's rights as described by the FTC under **Section 1681g(c)(3)** of title 15. Finally, the certification must state that the requesting Federal agency will not use any information from the consumer report in violation of any applicable equal employment opportunity law or regulation.

A sample release for obtaining written authorization from each affected applicant/employee, as well as a copy of the FTC's Consumer Rights Notice are attached for your information and may be reproduced as necessary. You can obtain additional information regarding the FCRA at the Federal Trade Commission's web site (<http://www.ftc.gov>).

Attachments

Inquiries: OPM-IS, Oversight and Technical Assistance Division, 202-606-1042

OPM-FIPC, Contract Management Branch, 724-794-5612

Code:736

Distribution: SOI/SON's

Letter Expires: When superseded

SAMPLE RELEASE

Fair Credit Reporting Act of 1970, as amended

PLEASE TAKE NOTICE THAT ONE OR MORE CONSUMER CREDIT REPORTS MAY BE OBTAINED FOR EMPLOYMENT PURPOSES PURSUANT TO THE FAIR CREDIT REPORTING ACT, AS AMENDED, 15 U. S. C., §1681, ET SEQ. SHOULD A DECISION TO TAKE ANY ADVERSE ACTION AGAINST YOU BE MADE, BASED EITHER IN WHOLE OR IN PART ON THE CONSUMER CREDIT REPORT, THE CONSUMER REPORTING AGENCY THAT PROVIDED THE REPORT PLAYED NO ROLE IN THE AGENCY'S DECISION TO TAKE SUCH ADVERSE ACTION.

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, and/or (3) security clearance or access. The information obtained may be redisclosed to other Federal agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law.

I hereby authorize the _____ to obtain such report(s) from any
(Name of Requesting Agency)
consumer/credit reporting agency for employment purposes.

(Print Name)

(SSN)

(Signature)

(Date)

Your Social Security Number is needed to keep records accurate, because other people may have the same name. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S. C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.FTC.GOV>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers, without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
 - You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.
- The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's creditors and others not listed below	Federal Trade Commission Consumer Response Center-FCRA Washington, DC 20580 202-326-3761
National banks, Federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after banks name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and Federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal or initials "F.S.B." appear in federal institutions name")	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria VA 22314 703-518-6360
State chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corp. Div. of Compliance & Consumer Affairs Washington, DC 20429 202-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of the Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 202-720-7051

Sample

Fair Credit Reporting Act Authorization

INSTRUCTIONS: Carefully read this authorization to release information about you, then type or print legibly and complete all applicable sections.

Information provided by you on this form will be furnished to a consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, and/or (3) security clearance or access. The information obtained may be disclosed to other Federal agencies for the above purposes and in fulfillment of official responsibilities to the extent that the law permits such disclosure.

I hereby authorize **SSA** to obtain such report(s) from any consumer reporting agency for employment purposes.

Full Name		Mother's Maiden Name	
Social Security Number - -	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident Number (if applicable)	
Date of Birth (mm/dd/yyyy) / /	Place of Birth (City/State)	County of Birth (if born in the U.S.)	
Current Address	City	State	Zip
<i>If at current address less than 2 years, please enter former address.</i>			
Former Address	City	State	Zip
Signature (sign in ink)		Date Signed (mm/dd/yyyy) / /	

Note: Please take notice that one or more consumer credit reports may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, as amended, 15 U.S.C., § , et seq. Should a decision to take any adverse action against you be made based either in whole or in part on the consumer credit report, the consumer reporting agency that provided the report played no role in the agency's decision to take such adverse action.

PRIVACY ACT STATEMENT: Authority: 49 U.S.C. § 114 (a); 15 U.S.C. § 1681b; E.O. 9397. **Principal Purpose(s):** To obtain a copy of your credit report in order to determine your suitability for employment in the position for which you are being considered. **Routine Use(s):** This information will be shared with consumer reporting agencies for the purpose of obtaining your credit report, or for routine uses listed in the applicable system of records notice. **Disclosure:** Disclosure of the requested information is voluntary in the sense that no criminal penalties will follow from a failure to provide the information. However, failure to provide the requested information may affect your employment prospects, eligibility for continued employment, ability to obtain a security clearance, or ability to work on a government contract. Disclosure of your SSN is also voluntary, but failure to provide your SSN may result in a delay in determining your suitability for employment.

Exhibit I - Database/Spreadsheet for Postal Documentation

USPS Postage Breakdown

Contractor: _____
 Job Title: _____
 Req. #: _____

Date Sent: _____
 Mail Date: _____
 Program #: _____

Print Order #: _____
 Cost Code: _____

Discount	Pieces					Piece Rate					Postage					Total
	1oz	2oz	3oz	4oz	5oz	1oz	2oz	3oz	4oz	5oz	1oz	2oz	3oz	4oz	5oz	
Carrier Route																
5 Digit																
3 Digit																
Automation AADC																
Automation Mixed AADC																
Non Auto. Presort																
Non Auto. Single Piece																
IPA (International Mail)																
Misc. Pieces																
Over 5oz																
Total USPS Postage																

EXHIBIT J – MAILER 2 – Mid Year Mailer

ANNUAL EARNINGS TEST MID-YEAR MAILING--VENDOR FILES (SSA-L9790)
(CSMY.WDOC)

Record Location	Field Name	Prog. Pnem.	Field Size	Field Type
1	Data Operation Center		1	A
2	Blank		1	A
3-8	Notice Number		6	AN
9-18	Zip Code + 4		10	NC
19-32	Barcode Print Representation		14	NC
33	PSC		1	N
34	Blank		1	A
35-45	Claim Account Number		11	NC
46	Blank		1	A
47-48	Beneficiary Identification Code (BIC)		2	AN
49	Blank		1	A
50-74	Beneficiary Name		25	ANC
75-96	Beneficiary Address - Line 1		22	ANC
97-118	Beneficiary Address - Line 2		22	ANC
119-140	Beneficiary Address - Line 3		22	ANC
141-162	Beneficiary Address - Line 4		22	ANC
163-184	Beneficiary Address - Line 5		22	ANC
185-203	Blank		19	A
204-206	Group Number		3	AN
207-208	Blank		2	A
209-308	NonWork Months (NWM)		100	ANC

ANNUAL EARNINGS TEST MID-YEAR MAILING--VENDOR FILES (SSA-L9790)
(CSMY.WDOC)

Record	Prog.	Field	Field
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EXHIBIT J – MAILER 2 – Mid Year Mailer

Location	Field Name	Pnem.	Size	Type
309-310	Blank		2	A
311-315	Month and Year of Full Retirement Age Attainment		5	NC
316-317	Blank		2	A
318-322	Date of Entitlement Current		5	NC
323-324	Blank		2	A
351-354	Tax Year		4	N
355	Blank		1	A
356-361	Annual Exempt Amount (\$\$, \$\$\$)		6	NC
362	Blank		1	A
363-367	Monthly Exempt Amount (\$, \$\$\$)		5	N
368	Blank		1	A
369-369	Special Notice Option (SNO) Code		1	N
370-372	Telephone Area Code		3	N
373-373	Dash		1	C
374-376	Telephone Exchange		3	N
377-377	Dash		1	C
378-381	Telephone Number		4	N
382-382	Special Notice Option Priority Code		1	A

Additional information:

Record Location 209-308 Nonwork Months (NWM)

When the fill-in = NONE (THIS MEANS THAT OUR RECORDS INDICATE YOU ARE WORKING IN EVERY MONTH IN YYYY), **the year fill-in should be obtained from record location 351-354.**

NOTE:

A file for the data derived from record location 369 (SNO CODE) should be sent out accordingly:

SNO CODE 3, 4, 6 and 7 goes to NTIS and to the print vendor.
SNO CODE 2 goes to WBD0C and to the print vendor.
SNO CODE 1 goes to the print vendor.

SUMMARY

DATE	PAGE #	EXPLANATION OF CHANGE
10/22/10		Updated the record location layout with the Special Notice Option (SNO) Code, SNO Priority Code and the Telephone Number for beneficiaries, applicants, recipients and representative payees who are blind or visually impaired.

ANNUAL EARNINGS TEST MID-YEAR MAILING--VENDOR TAPE FILES
(CSMY.WDOC)

Record Location	Field Name	Prog. Pnem.	Field Size	Field Type
1	Data Operation Center = W		1	A
2-7	Notice code - 9781, 9778S, 9779S, 9784SM, 9785SM		6	AN
8-12	Zip		5	N
13	Dash		1	C
14-17	Zip+4		4	N
18-31	Barcode Print Representation		14	NC
32	PSC		1	N
33-35	Claim Account Number Area		3	N
36	Dash		1	C
37-38	Claim Account Number Group		2	N
39	Dash		1	C
40-43	Claim Account Number Serial		4	N
44-45	Beneficiary Identification Code (BIC)		2	AN
46-55	Beneficiary Given Name (BGN)		10	ANC
56-56	Beneficiary Middle Initial (BMI)		1	ANC
57-68	Beneficiary Last Name (BGN)		12	ANC
69-90	Beneficiary Address 1		22	ANC
91-112	Beneficiary Address 2		22	ANC
113-134	Beneficiary Address 3		22	ANC
135-156	Beneficiary Address 4		22	ANC
157-178	Beneficiary Address 5		22	ANC

ANNUAL EARNINGS TEST MID-YEAR MAILING--VENDOR TAPE FILES
(CSMY.WDOC)

Record	Prog.	Field	Field
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Exhibit J – Mailer 3-4 – Mid Year Mailer

Location	Field Name	Pnem.	Size	Type
179-187	Amount of Reported Earnings (AORE)		9	NC
188-197	First Nonwork Month		10	A
198-200	Group Number		3	AN
201-300	NonWork Months (NWM)		100	ANC
301-302	Date of Entitlement Current (DOEC) MM		2	NC
303-303	Slash		1	C
304-305	Date of Entitlement Current (DOEC) YY		2	NC
306-310	Month and Year of Full Retirement Age Attainment MM/YY		5	NC
311-320	Month (spelled out) of FRA attainment.		10	C
321-322	Year of FRA CC		2	NC
323-324	Year of FRA YY		2	NC
325-325	Special Notice Option (SNO) Code		1	N
326-328	Telephone Area Code		3	N
329-329	Dash		1	C
330-332	Telephone Exchange		3	N
333-333	Dash		1	C
334-337	Telephone Number		4	N
338-338	Special Notice Option Priority Code		1	A
339-350	Space		12	

Additional information:

SSA-L9784 and SSA-L9785 (only). The fill-in for "f" should be shown (spelled out) as month. The field size should be 10 characters to accommodate the longest month. The data for this fill-in will be obtained from record location 311-320.

SSA - L9778, SSA-L9779 and SSA-L9781 coversheet page 2 fill-in

The month in the fill-in for "a" should be shown (spelled out) as month. The field size should be 10 characters to accommodate the longest month. The data for this fill-in will be obtained from record location 311-320. The year fill-in for "b" should be obtained from record location 321-324.

NOTE:

A file for the data derived from record location 325 (SNO CODE) should be sent out accordingly:

SNO CODE 3, 4, 6 and 7 goes to NTIS and to the print vendor.
SNO CODE 2 goes to WBD0C and to the print vendor.
SNO CODE 1 goes to the print vendor.

SUMMARY

DATE	PAGE #	EXPLANATION OF CHANGE
10/22/10		Updated the record location layout with the Special Notice Option (SNO) Code and the Telephone Number for beneficiaries, applicants, recipients and representative payees who are blind or visually impaired.
02/24/11		Added verbage for who to send a file to for the various SNO CODEs.

1.0 General Information

A. Project Abstract

The class action, American Council of the Blind v. Astrue, requires SSA to offer two additional special notice options to applicants, beneficiaries, recipients, and representative payees who are blind or visually impaired.

B. Organizational Information

Organization Preparing Document

ORSIS, DT2NM, NAB, Renee K. Stancil,
IT Specialist, 4-H-10 Operations, Ext. 6-9494

Organization Requesting Document

DCO, Mary Glenn-Croft, Deputy Commissioner for Operations

Organization Responsible for Validation/Acceptance

ORSIS, DT2NM, NAB, Renee K. Stancil,
IT Specialist, 4-H-10 Operations, Ext. 6-9494

ORSIS, DT2NM, NDB, Djimy Chapron
Branch Chief, 4-H-11 Operations, Ext 6-9402

2.0 Processing Requirements

A. Scope/Overview

Currently the NCOA process does not offer blind beneficiaries any options of how they would like to receive their notices. SSA will now offer these beneficiaries the special notice options of receiving their letters by regular mail, regular mail with supplementary contact by telephone, certified mail, in Braille, on a compact disc (CD) in Microsoft Word format, on an Audio CD, or in Large Print. A template of each type of NCOA notice will now be stored in ORS.

B. Inputs

Special Notice Option (SNO) Database
MBR – REPD
TOP
RPNI
RPN

C. Outputs

Two regular files will be created for the print vendor
OLBG.BTI.CDCI.NCOA.S1.RYYMMDD
OLBG.BTI.CDCI.NCOA.S2.RYYMMDD

Two certified mail files will be created for transmission to the print vendor
OLBG.BTI.CDCI.NCOA.S1.CERT.RYYMMDD
OLBG.BTI.CDCI.NCOA.S2.CERT.RYYMMDD

Four blind files will be created for transmission to WBD
OLBG.BTI.WBD.SNORSPCP.NCOAE1.RYYMMDD
OLBG.BTI.WBD.SNORSPCP.NCOAS1.RYYMMDD
OLBG.BTI.WBD.SNORSPCP.NCOAE2.RYYMMDD
OLBG.BTI.WBD.SNORSPCP.NCOAS2.RYYMMDD

Four blind files will be created for transmission to the SNO vendor
OLBG.BTI.NTI.SNORSPRD.NCOAE1.RYYMMDD
OLBG.BTI.NTI.SNORSPRD.NCOAS1.RYYMMDD
OLBG.BTI.NTI.SNORSPRD.NCOAE2.RYYMMDD
OLBG.BTI.NTI.SNORSPRD.NCOAS2.RYYMMDD

NOTE: Do not transmit any empty files

D. Detailed Functional Analysis

See attached specs

E. Service Level Requirements

No changes

F. Security and Privacy

No changes

3.0 Logical Data Requirements

No change

4.0 Validation Plan

SNO R2.2/T2_R20 (February 2011) Release

Detailed Functional Requirements

1. **General Specifications**

Paper Size – 8 ½ x 11

Margins – Side 1 inch

Top ½ inch

Type Size – Text – Upper/lower case Century Schoolbook in 12-point medium

Captions – 12-point bold

Headings – Line 1 - 18-point medium, upper and lower case

Line 2 – 18-point bold, upper and lower case

Line 3 – 14-point medium, upper and lower case

Spacing of text – Single spaced with double spacing to separate paragraphs, captions from text, or blocks of information.

Printing – 2 sided

Margins – ½ inch at top and bottom of page. 1 inch left side. Right margin not justified.

2. **Placement of Fixed Data**

Captions – flush to left margin

Captioned Text – begins 1/8 inch from left margin

Bullets – place ¼ inch from left margin

“AND” or “OR” – when used between bullets, place ¾ inch from left margin

“See Next Page” - centered on bottom line of first page of multi-page notices

Field Office Address in Referral Paragraph – 3 ½ inches from left margin

Signature Block – begins at the center of the 5th line after end of text

Enclosures – listed flush to left margin 2 lines after signature

Headings

The heading will be printed beginning ½ inch from the top of the page and 1 inch from the left side of the page.

The first line of the heading will be “Social Security Administration” printed in 18-point medium.

The second line of the heading will be “Retirement, Survivors and Disability Insurance” printed in 18 point bold.

The third line of the heading will be “Important Information” printed in 14-point medium.

3. **Placement of Variable Data**

Date

The word “Date” (Fecha) followed by a colon will be printed beginning 4 5/8 inches from the left side and 1 3/4 inches from the top of the page. The month will be either March (marzo), June (junio), September (septiembre), or December (diciembre), depending on the quarterly run.

** The notice date will be forwarded in the files that are transmitted to WBD0C and NTIS in the format 03/18/2011 (mm/dd/ccyy). It will have to be converted to word form listed above (English and Spanish) for any printed notices.*

Claim Number

The words “Claim Number” (Número de Reclamación) followed by a colon will be printed directly under the date. The claim number will be the Record ID Number derived from positions 01-09 of the variable data followed by a space and the one or two positions PIC (payment identification code) derived from positions 10-11 of the variable data.

Mailing Address

The mailing address will be printed beginning 2 1/2 inches from the top of the page at the left margin.

The mailing address consists of the Payee name as shown in positions 285-372 of the variable data, the street address derived from positions 478-517, and the city, state, and zip code from positions 518-541.

NOTE: If a nine position zip is available, all nine digits will be shown on the notice.

The postal barcode will be printed directly under the city, state, and zip code.

The postal barcode is derived by combining the 9-position ZIP code in positions 533-541 and the ZIP Delivery Point Code (ZDPC) derived from positions 542-544 of the variable data.

The vendor will be responsible for converting this data into a barcode suitable for mailing.

NOTE: The vendor may adjust the positioning of the address in the window of the envelope as needed to allow for correct clearances.

Text Content

There are 4 different notices to be printed.

Form SSA-L292-SM (MM/YY)
Form SSA-L292-SM-SP (MM/YY)
Form SSA-L294-SM (MM/YY)
Form SSA-L294-SM-SP (MM/YY)

NOTE: The exhibits show everything to be printed. However, they are not printed according to the specifications in this document.

Category and Type of Notice To Be Sent

There are 2 categories of notices. Each category will have a English and Spanish version of the notice. **The vendor will need to read position 276 of the variable data for each record to determine if a Spanish notice is needed.** Position 276 will contain a “S” if the beneficiary elects to have written correspondence in Spanish.

Category 1

The beneficiaries selected for this category will receive either Form SSA-L-292-SM (MM/YY) for English speaking beneficiaries or Form SSA-L-292-SM-SP (MM/YY) for Spanish speaking beneficiaries. The variable data for these beneficiaries will be contained in the file **OLBG.BTL.CDCI.NCOA.S1.RYYMMDD.**

Category 2

The beneficiaries selected for this category will receive either Form SSA-L-294-SM (MM/YY) for English speaking beneficiaries or Form SSA-L-294-SM-SP (MM/YY) for Spanish speaking beneficiaries. The variable data for these beneficiaries will be contained in the file **OLBG.BTL.CDCI.NCOA.S2.RYYMMDD.**

4. Variable Data Within the Text

The variable data within the body of the text will consist of the fill-ins necessary to complete the referral paragraph under the caption **“If You Have Any Questions.”**

There are 4 variations of this paragraph depending on the variable data fields present on the record. The variable data fields to be used in determining which variation to use are:

DO Phone Number – Positions 778-789
DO Street Address – Positions 680-745
DO City, State, Zip – Positions 746-777

Variation 1

Language - English

If you have any questions, you may call us toll-free at 1-800-772-1213, or call your local office at (1). We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

(2)

PLEASE DO NOT WRITE TO THE RETURN ADDRESS SHOWN ON THE ENVELOPE. If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Language – Spanish

Si tiene preguntas, puede llamarnos gratis al 1-800-772-1213, o llamas a su oficina local de Seguro Social al (1). Podemos contestar la mayoría de sus preguntas por teléfono. También puede escribir o visitar cualquier oficina del Seguro Social. La oficina que sirve su área está ubicada en:

(2)

POR FAVOR NO ESCRIBA A LA DIRECCION DE REMITENTE EN EL SOBRE. Si llama o visita una oficina, por favor tenga esta carta consigo. Nos ayudara a contestar sus preguntas.

Usage

Variation 1 will be used if the DO phone number in positions 778-789 of the variable data contains **other than** 800-772-1213 or blank.

AND

The DO address in position 680-777 **is not** blank.

Fill-ins

Fill-in (1) will consist of the DO phone number from positions 778-789.

Fill-in (2) will be the DO address from positions 680-777

Variation 2

Language - English

If you have any questions, you may call us toll-free at 1-800-772-1213. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

(1)

PLEASE DO NOT WRITE TO THE RETURN ADDRESS SHOWN ON THE ENVELOPE. If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Language – Spanish

Si tiene preguntas, puede llamarnos gratis al 1-800-772-1213. Podemos contestar la mayoría de sus preguntas por teléfono. También puede escribir o visitar cualquier oficina del Seguro Social. La oficina que sirve su área está ubicada en:

(1)

POR FAVOR NO ESCRIBA A LA DIRECCION DE REMITENTE EN EL SOBRE. Si llama o visita una oficina, por favor tenga esta carta consigo. Nos ayudara a contestar sus preguntas.

Usage

Variation 2 will be used if the DO phone number in positions 778-789 is 800-772-1213 **or** blank

AND

The DO address in positions 680-777 **is not** blank.

Fill-ins

Fill-in (1) will consist of the DO address from positions 680-777.

Variation 3

Language - English

If you have any questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at (1). We can answer most questions over the phone. If you do call an office, please have this letter with you. It will help us answer your questions.

Language – Spanish

Si tiene preguntas, puede llamarnos gratis al 1-800-772-1213, o llamas a su oficina local del Seguro Social al (1). Podemos contestar la mayoría de sus preguntas por teléfono. Si decide llamar a una oficina, por favor tenga esta carta consigo. Nos ayudará a contestar sus preguntas.

Usage

Variation 3 will be used if the DO phone number in positions 778-789 contains **other than** 800-772-1213 or blank

AND

The DO address in positions 680-777 **is** blank.

Fill-ins

Fill-in (1) will consist of the DO phone number from positions 778-789.

Variation 4

Language - English

If you have any questions, you may call us toll-free at 1-800-772-1213. We can answer most questions over the phone. If you do call, please have this letter with you. It will help us answer your questions.

Language – Spanish

Si tiene preguntas, puede llamarnos gratis al 1-800-772-1213. Podemos contestar la mayoría de sus preguntas por teléfono. Si decide llamar a una oficina, por favor tenga esta carta consigo. Nos ayudará a contestar sus preguntas.

Usage

Variation 4 will be used if the DO phone number in positions 778-789 is 800-772-1213 **OR** blank

AND

The DO address in positions 680-777 **is** blank.

Fill-ins

None

5. Signature Requirements

The Assistant Regional Commissioner Processing Center Operations (ARCPCO) signature or the Office of Central Operations (OCO) Executive's signature, printed name and title will appear on the last page of the notice. The placement of this data will vary and is directly related to the last line of the notice text. The signature data will never be placed on a page by itself and must be preceded by at least 3 lines of text on the same page.

The signature data consists of 4 lines of information. The first line will be the ARCPKO's or OCO Executive's signature; the second line will be the ARCPKO's, OCO's printed name; the third line will be the title "Assistant Regional Commissioner" or "Associate Commissioner for"; the fourth line will be "Processing Center Operations" or "Central Operations".

1. Develop First Line of Signature

- Placement – The first line will be printed directly above the ARCPCO’s printed name and will be 4 ¼ inches from the left edge of the page. (Approximately print position 43)
- Print Type – Digitized script. The vendor will be provided with the digitized signature
- Content – The facsimile of the ARCPCO’s signature.

2. Develop Second Line of Signature Data

- Placement – The second line will be printed on the sixth line below the last line of the notice text (begin printing on the sixth line) and will be 4 ¼ inches from the left edge of the page (approximately print position 43).
- Print Type – 12-point medium density
- Content – Printed Name

3. Develop Third Line of Signature Data

- Placement – The third line will be placed directly under the second line of the signature data and will be 4 ¼ inches from the left edge of the page (approximately print position 43).
- Print Type – 12-point medium density
- Content – The third line will contain the title “Assistant Regional Commissioner” or “Associate Commissioner for”.
Spanish – “Comisionada Regional Asistente,
Comisionado Regional Asistente, or
Comisionada Asociada de.”

4. Develop Fourth Line of Signature Data

- Placement – The fourth line will be placed under the third line of the signature data and will be 4 7/16 inches from the left edge of the page (approximately print position 45)
- Print Type – 12-point medium density
- Content – The fourth line will contain the phrase “Processing Center Operations” or “Central Operations”.
Spanish – “Operaciones del Centro de Procesamiento or
Operaciones Centrales.”

Insert the signature block based on the PSC number displayed in position 275 of the record layout.

PSC Notice Signature Block

- 1** L292SM **(Digitized Signature)**
L294SM Anne Jacobosky
Assistant Regional Commissioner
Processing Center Operations
- L292SM-SP **(Digitized Signature)**
L294SM-SP Anne Jacobosky
Comisionada Regional Asistente
Operaciones del Centro de Procesamiento
- 2** L292SM **(Digitized Signature)**
L294SM Elaine Garrison-Daniels
Assistant Regional Commissioner
Processing Center Operations
- L292SM-SP **(Digitized Signature)**
L294SM-SP Elaine Garrison-Daniels
Comisionada Regional Asistente
Operaciones del Centro de Procesamiento
- 3** L292SM **(Digitized Signature)**
L294SM Quittie C. Wilson
Assistant Regional Commissioner
Processing Center Operations
- L292SM-SP **(Digitized Signature)**
L294SM-SP Quittie C. Wilson
Comisionado Regional Asistente
Operaciones del Centro de Procesamiento
- 4** L292SM **(Digitized Signature)**
L294SM Phyllis M. Smith
Assistant Regional Commissioner
Processing Center Operations
- L292SM-SP **(Digitized Signature)**
L294SM-SP Phyllis M. Smith
Comisionada Regional Asistente
Operaciones del Centro de Procesamiento
- 5** L292SM **(Digitized Signature)**
L294SM Hy Hinojosa
Assistant Regional Commissioner
Processing Center Operations

L292SM-SP (**Digitized Signature**)
L294SM-SP Hy Hinojosa
Comisionado Regional Asistente
Operaciones del Centro de Procesamiento

6 L292SM (**Digitized Signature**)
L294SM Lynn Marten
Assistant Regional Commissioner
Processing Center Operations

L292SM-SP (**Digitized Signature**)
L294SM-SP Lynn Marten
Comisionado Regional Asistente
Operaciones del Centro de Procesamiento

7/8 L292SM (**Digitized Signature**)
L294SM Terry Stradtman
Associate Commissioner for
Central Operations

L292SM-SP (**Digitized Signature**)
L294SM-SP Terry Stradtman
Comisionado Asociada de
Operaciones Centrales

6. Notices

Undeliverable notices will be returned to the address on the mail-out envelope, currently Social Security Administration, 6401 Security Blvd, Baltimore, MD 21235-6401. NCOA returned mail is discarded.

7. Determine Blind Notice Process

Blind beneficiaries are provided the option of receiving notices by other than regular mail. The options are:

- Certified mail
- Contact by telephone
- Braille
- CD with WORD
- Other
- Audio CD
- Large Print

If the beneficiary elects to have certified mail, the Special Notice Option code will be “1”. The “CERTIFIED MAIL” does not require a duplicate notice. However, it will be placed in a separate blind file.

If the beneficiary elects telephone contact, the Special Notice Option code will be “2”. For “TELEPHONE CONTACT”, a duplicate notice will be created and placed in a “blind” file for special handling.

If the beneficiary elects to have Braille, the Special Notice Option code will be “3”. The notice will be produced in duplicate with a copy placed in the SNO Notice File.

If the beneficiary elects the MS WORD CD, the Special Notice Option will be a “4”. The notice will be produced in duplicate with a copy placed in the SNO Notice File.

If the beneficiary elects Audio CD, the Special Notice Option code will be “6”. The notice will be produced in duplicate with a copy placed in the SNO Notice File.

If the beneficiary elects Large Print, the Special Notice Option will be a “7”. The notice will be produced in duplicate with a copy placed in the SNO Notice File.

A. Function Logic

Call the SNO UTILITY to obtain SNO data associated on either a COSSN/CID or CAN/BIC.

For situations where Rep Payee data exists on the MBR (REPD-IND=Y), RPNI = ‘1’ and TOP ≠ A, and a RPN is present, call the SNO database using the RPN.

If the rep payee is an individual, REPD-IND = Y, RPNI = ‘1’, and TOP ≠ A, but the RPN is blank, **do not call** SNO, send regular mail.

If Rep Payee data exists on the MBR, REPD-IND=Y and the Rep Payee Number is **NOT** an individual, (RPNI ≠ 1), **do not call** SNO, send via regular mail.

If Rep Payee data does **NOT** exist on the MBR (REPD-IND≠Y) **or** Payee data **DOES** exist on the MBR (REPD-IND=Y) and TOP = ‘A’, call the database using CAN/BIC or BOAN of the beneficiary.

If a match is found on the SNO database and the SNO code = 1, then generate a record on the “CERTIFIED MAIL” Notice file. File will be transmitted to the print vendor.

If a match is found on the SNO database and the SNO code = 2, move the phone number on the SNO database to positions 374 – 383 on the record layout. Generate a record on the “blind” file for transmission to the PSC. Generate a duplicate record (without the phone number) on the regular mail file for transmission to the print vendor.

If a match is found on the SNO database and the SNO code = 3, 4, 6, or 7, generate 2 records, 1 record to the regular mail file and 1 record to the SNO file for transmission to the SNO vendor.

If a Spanish language indicator is present (LANG = S), and the SNO code = “1” or “2”, no English version of the notice will be created. If a Spanish language indicator is present (LANG = S), and the SNO code = “3, 4, 6 or 7”, only a Spanish version will be sorted to the SNO file (no English version will be created).

The SNO Vendor will add the following language at the top of each SNO (Braille, Data CD) notice.

English version:

We are sending this letter to you in both a standard print version and in the special format that you requested. You will receive them in separate envelopes.

Spanish version:

Le estamos enviando esta carta en ambas, una versión impresa de manera estándar y en el format especial que usted pidió. Las recibirá en sobres separados.

NOTE: NCOA only generates completed notices.

B. Notice Counts

In addition, generate a count of the number of SNO transactions in a run. This count should be by SNO option, in a format similar to the one below, and available upon request.

Certified	(SNO Code = 1)	99
Telephone	(SNO Code = 2)	99
Braille	(SNO Code = 3)	99
Data CD	(SNO Code = 4)	99
Audio CD	(SNO Code = 6)	99
Large Print	(SNO Code = 7)	99
Total SNO Notices		999
Total Input for SNOFILE		
(SNO Codes = 3, 4, 6 & 7)		999

C. ORS Template

For the purpose of reading the Telephone Contact notices, copies of the SSA-L292-SM, L292-SM-SP, L294-SM, and L294-SM-SP will reside on the ORS Mass Mailing website at:

http://orsstd.sspf.ssa.gov/orsstd/search.do?foldername=MASS+MAIL&MASS+MAILING_operand=1&MASS+MAILING_value1=MASSM&POSTING+DATE_operand=1&POSTING+DATE_value1=07%2F31%2F00

Record Layout - SSA Record 1 - 400

<u>Position</u>	<u>Length</u>	<u>Description</u>
01-09	09	Record ID Number (SSN)
10-11	02	Payment Identification Code (PIC)
12-99	88	PNAL 1 – 4 (Payment Name Legend)
100-187	88	ADDR-ADRLN1 - 4 (street address)
188-207	20	ADDR-CITY (City)
208-209	02	ADDR-STATE (State)
210-218	09	ADDR-ZIP-PLUS4 (Zip Code + Zip + 4)
219-221	03	ADDR-ZDPC (Zip Delivery Point Code)
222-223	02	LAF
224-231	08	ADDR-UPDDT (Mailing Address Update Date)
232	01	ADDR-NUM-ADDRLN (Number of Mailing Address Lines)
233	01	Direct Deposit Code (DDCO)
234	01	Type of Payee (TOP)
235-244	10	Beneficiary First Name (BFN)
245	01	Beneficiary Middle Initial (BMI)
246-257	12	Beneficiary Last Name (BLN)
258-259	02	Beneficiary Identification Code (BIC)
260-265	06	Date of Susp or Term (DOST-mmddyy)
266	01	SSI Code (SISC)
267-274	08	Date of Birth (DOB-mmddccyy)
275	01	Payment Center (PSC)
276	01	Language
277-284	08	NCOA Selection Date (mmddccyy)
285-306	22	PNAL - 1
307-328	22	PNAL - 2
329-350	22	PNAL - 3
351-372	22	PNAL – 4
373-373	01	SNO Code*
374-383	10	Beneficiary Phone Number **
384-384	01	Priority Code ***
385-394	10	Notice Date (in format mm/dd/ccyy) ****
395-400	06	Filler

EXHIBIT K – Mailer 5-6 - NCOA

- * obtained from SNO database
- ** obtained from SNO database for records with SNO Code =2 (will be used only by the WBD0C)
- *** for future use
- **** for use with the files sent to WBD0C and NTIS only (date will be derived from yearly approved schedule from OPLM)

NCOA Standard Address 401 - 477

<u>Position</u>	<u>Length</u>	<u>Description</u>
401-450	50	USPS Street Address
451-463	13	USPS City
464-465	02	USPS State
466-474	09	USPS Zip
475-477	03	USPS Zip Delivery Point Code

NCOA Update Information 478-552

<u>Position</u>	<u>Length</u>	<u>Description</u>
478-517	40	NCOA Street Address
518-530	13	NCOA City
531-532	02	NCOA State
533-541	09	NCOA Zip
542-544	03	NCOA Zip Delivery Point Code
545-552	08	USPS Change Effective Date

SSA Additions After Match 553-800

<u>Position</u>	<u>Length</u>	<u>Description</u>
553	01	Letter Type Indicator
554-556	03	DOC #1 (original)
557-561	05	State and County Code
562-583	22	DO Address Line 1
584-605	22	DO Address Line 2
606-627	22	DO Address Line 3
628-647	20	DO City
648-649	02	DO State
650-659	10	DO Zip

EXHIBIT K – Mailer 5-6 - NCOA

660-671	12	DO Phone Number
672-674	03	DO Code #2 (new)
675-679	05	State and County Code
680-701	22	DO Address Line 1
702-723	22	DO Address Line 2
724-745	22	DO Address Line 3
746-765	20	DO City
766-767	02	DO State
768-777	10	DO Zip
778-789	12	DO Phone Number
790-800	11	Filler

EXHIBIT J – Mailer 7-9 – Fee Adjustment

Record Specification
ANNUAL NOTIFICATION OF STEP PARENT

Record Length = 281 Block Size = 29,786

Record Location	Field Name	Program Mnemonic	Field Size	Foot Note
1-11	Account Number (includes dashes (-))	CAN	11	B
12-13	Beneficiary Identification Code	BIC	2	C
14-145	Beneficiary Name & Address (6 lines of up to 22 characters each)	PNA	132	D
146-150	5-digit Zip Code	ZIP	5	E
151-154	Zip +4	+4	4	F
155-157	Zip Point Delivery Code	ZDPC	3	G
158-171	Barcode Representation (*999999999999* or spaces)		14	H
172-183	District Office Phone (Format: XXX-XXX-XXXX)	(DO)	12	I
184-205	DO Address Line 1		22	J
206-227	DO Address Line 2		22	K
228-249	DO Address Line 3		22	L
250-269	DO City		20	M
270-271	DO State		2	N
272-281	DO Zip Code (XXXXX-XXXX)		10	O
282	SNO indicator- '3' or '4'		1	P

EXHIBIT J – Mailer 7-9 – Fee Adjustment

Foot Notes/Field Definitions:

A. Date/Fecha

The vendor will need to put the date on all the Notices, for the last business day of the calendar year.

NOTE: The notices will all be dated for December – The Spanish translation for December is "Diciembre".

B. Account Number

Account number of beneficiary

The record will show hyphens (-) normally associated with this data.

C. BIC

Beneficiary Identification Code (may be 1 or 2 positions)

D. Beneficiary Name and Address (6 lines of address of up to 22 characters each)

This is taken from PNA1-PNA6 on the MBR for PIC A. Ensure that spaces right fill records with less than 6 PNAs.

E. 5-Digit Zip Code

This is the 5-digit Zip Code associated with the address.

(Foreign -- if first 2 positions of Zip Code are spaces, make the whole Zip code spaces)

F. Zip +4

This is the +4 add-on that is associated with the Zip code.

Note: All records may not have a +4. If there is no +4, move spaces to this field.

G. Zip Point Delivery Code

This is the Zip Point Delivery Code.

(NOTE: This will not be shown on the notice -- it is part of the barcode). If there is no Zip Point Delivery Code, put spaces.

H. Barcode Representation

The POSTNET barcode representation will be produced on the record in the following format: (*999999999999*)

EXHIBIT J – Mailer 7-9 – Fee Adjustment

1. Where the barcode font starts.....(*)
2. The actual 12 digits of the Zip Code Data (i.e., the 5-digit Zip (positions 146-150), the +4 (positions 151-154) and the Zip Point Delivery Code (positions 155-157))
3. Where the barcode font stops.....(*)
4. If only 5 or 9-digit Zip, do not print barcode.

NOTE: This will always be underneath the last line of the address and will only be on domestic and Spanish notices. The vendor will be responsible for converting the numerics into a barcode suitable for mailing.

I. District Office Telephone Number

The record will display the hyphens (-) normally associated with this data. (i.e., XXX-XXX-XXXX)

The district office phone number will always be present on domestic and Spanish notices.

NOTE: The District Office Address, City, State and Zip Code will appear on all Domestic and Spanish notices.

J. First Line of District Office Address

K. Second Line of District Office Address

L. Third Line of District Office Address

J, K, L = the address of the physical location of the district office extracted from the DOORS data base. Initialize this field to blanks before accessing the DOORS data base.

M. District Office City

The city of the district office extracted from the DOORS data base. Initialize this field to blanks before accessing the DOORS data base.

N. District Office State

The State of the district office extracted from the DOORS data base. Initialize this field to blanks before accessing the DOORS data base.

EXHIBIT J – Mailer 7-9 – Fee Adjustment

O. District Office Zip Code

XXXXX-XXXX (Zip Code +4)

The record shows hyphens normally associated with this data.

The ZIP Code and +4 of the district office extracted from the DOORS data base. Initialize this field to blanks before accessing the DOORS data base.

NOTE: The DO Zip code may not have a Zip +4. If there is no +4 for the DO, show spaces.

- P. SNO indicator –‘3’ indicates a Braille notice will be sent, along with a first class print notice. ‘4’ indicates a Data CD will be sent, along with a first class print notice.

A. Background

Authorized Organizational representatives are permitted to charge a fee for services. The amount charged is limited to 10% of the beneficiaries' payment amount, but no more than \$??* for no DA/A involvement and \$??* for DA/A involvement. The COLA is due 12/10 and all parties must be notified of the potential increase in the fee to be collected.

Due to the above, notices of this increase need to be sent to the Representative Payee and the Beneficiary/Recipient.

As of 8/10, there are approximately 1,200 Organizational Representatives approved to charge a fee and approximately 120,000 beneficiaries being charged a fee. The number of beneficiary letters sent will depend upon the COLA.

* The exact amount of the fee will not be known until the amount of the COLA is announced in 10/10.

B. Processing

1. Representative Payee notice:

From the RPS database RP record, select the RPs who have an:
RPIDQ = 9 numeric and alpha O, and
ORGFEEAPVL = Y and
NO date in the ORGFEEESTP
NO date in the ORGZNSTPDT

2. Beneficiary notice:

a. For each Representative Payee selected in step 1, select each Beneficiary/Recipient that is linked to the RP record with an R3 record or a pending decision type 98 in the R2 record.

b. For each R2/R3 record selected, compare against the MBR/SSR to verify that the current entitlement status is "in pay" on the MBR/SSR.

What is in pay?

For T2: LAF = [C/D]

For T16: PSY = [C01]

c. For each record that meets the above criteria, we will check the MBR/SSR for the DA&A code:

d. For - T2 select MBR = DIB DATA LINE - last iteration, DAA field, Codes {X/Y/Z}

-T16 select SSR = CMPH LINE and the last iteration of the DA&A field, D field (DRUG-M), Codes [X/Y/Z]

For multiple entitlements, finding the indicator on any entitlement will count as one DA&A record.

Annotate the records found with the DA&A codes [X/Y/Z].

C. Output

Output files will be produced according to record specifications in Appendixes A and C.

1. Representative Payee notice:

The information for the payee name and address (#1-6) and Zip code on Appendix A will be obtained from the RP record and will consist of:

RFMLGD
RPMADDR
RPMCITY
RPMSTATE
RPMZIP5

Note: Exact fees are unknown until the 2005 COLA figures are released in October 2010. The new fee amounts will be parmed into the program.

2. Beneficiary/Recipient notice:

The information for the beneficiary name and address (#1-6) and Zip code on Appendix C, will be obtained from the R2 and R3 records and will consist of:

BCFNAM
BCLNAM
BCSFFX

If the name fields together exceed 22 bytes, build the name backwards; i.e., last name, and then as many letters of the first name as possible.

For the BN address, use the BCLCTNIDQ from the R1 to access the RP record and pull:

RPMADDR
RPMCITY
RPMSTATE
RPMZIP5

EXHIBIT J – Mailer 20-21 – Fee Adjustment

The notice fill ins will consist of:

Fill in #1	-	BICID
Fill in #2	-	(DAA max/min amount)

To determine the DA&A maximum/minimum amount, use the codes from the MBR/SSR:

[X/Y/Z] fill in = ??*
All other codes or low values (blanks),
fill in = ??*

*Note = Exact fill-in is unknown until the 2010 COLA figures are released.

RECORD SPECIFICATIONS -- BENEFICIARY/RECIPIENT NOTICE

(Form SSA-L251-SM)

<u>Record Location</u>	<u>Field Name</u>	<u>Field Size</u>	<u>A/N/C</u>	<u>Foot Note</u>
01 - 11	SSN (Fill-in #1)	11	N/C	(1)
12 - 33	Bene Name and Address 1	22	A/N/C	
34 - 55	Bene Name and Address 2	22	A/N/C	
56 - 77	Bene Name and Address 3	22	A/N/C	
78 - 99	Bene Name and Address 4	22	A/N/C	
100 - 121	Bene Name and Address 5	22	A/N/C	
122 - 143	Bene Name and Address 6	22	A/N/C	
144 - 148	Zip code	5	N	
149 - 150	Fill-in #2	2	N	

[A] = ALPHA

[N] = NUMERIC

[C] = CHARACTER

(1) Includes Hyphens

RECORD SPECIFICATIONS -- REPRESENTATIVE PAYEE NOTICE

(Form SSA-L252-SM)

<u>Record Location</u>	<u>Field Name</u>	<u>Field Size</u>	<u>A/N/C</u>	<u>Foot Note</u>
01 - 22	Payee Name and Address 1	22	A/N/C	
23 - 44	Payee Name and Address 2	22	A/N/C	
45 - 66	Payee Name and Address 3	22	A/N/C	
67 - 88	Payee Name and Address 4	22	A/N/C	
89 - 110	Payee Name and Address 5	22	A/N/C	
111 - 132	Payee Name and Address 6	22	A/N/C	
133 - 137	Zip Code	5	A/N/C	
138 – 139	Region Code	2	A/N/C	

NOTE: \$((\$)) amounts on this letter will be set amounts supplied to the Vendor as soon as they are known.

[A] = ALPHA

[N] = NUMERIC

[C] = CHARACTER