

**Worksheet for Reporting the Loss, Compromise, or Potential Compromise
of Personally Identifiable Information**

EN and EN Subcontractor/Provider Partner Employees: Prior to completing this worksheet, please see the instruction sheet following the last page of the worksheet.

Contact the SSA's National Network Service Center (NNSC) toll-free at 1-877-697-4889.

The primary SSA contact for reporting the loss, compromise, or potential compromise of PII is ENService@SSA.gov.

1. Information about the individual making the report to the NNSC:

Name:

Position:

Deputy Commissioner Level Organization: Deputy Commissioner for Retirement and
Disability Policy (DCRDP)

Phone Numbers:

Work: Cell: Home/Other:

E-mail Address:

Check one of the following:

Management Official Security Officer Non-Management

Additional Information to be provided when an EN or EN subcontractor/provider partner employee is reporting directly to the NNSC:

EN or EN Subcontractor/Provider Partner (check as appropriate)

Name of EN or EN Subcontractor/Provider Partner:

EN TPA Award Number (if known):

2. If the individual who was in possession of the data or to whom the data was assigned is not the person making the report to the NNSC (as listed in #1), provide the following information about this employee:

Name:

Position:

Deputy Commissioner Level Organization: Deputy Commissioner for
Retirement and Disability Policy (DCRDP)

Phone Numbers:

Work: Cell: Home/Other:

E-mail Address:

Add Additional Information to be provided when individual who was in possession of the data or assigned to the data is an EN or EN subcontractor/provider partner employee:

EN or EN Subcontractor/Provider Partner (check as appropriate)

Name of EN or EN Subcontractor/Provider Partner:

EN TPA Award Number (if known):

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

Describe what was lost or stolen (e.g., case file, MBR (Master Beneficiary Record) date):

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

Name	<input type="checkbox"/>	Bank Account Info	<input type="checkbox"/>
SSN	<input type="checkbox"/>	Medical/Health Information	<input type="checkbox"/>
Date of Birth	<input type="checkbox"/>	Benefit Payment Info	<input type="checkbox"/>
Place of Birth	<input type="checkbox"/>	Mother's Maiden Name	<input type="checkbox"/>
Address	<input type="checkbox"/>	Other (describe):	

Estimated volume of records involved:

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

Paper or Electronic (check one)

If Electronic, what type of device?

Laptop	<input type="checkbox"/>	Tablet	<input type="checkbox"/>	Backup Tape	<input type="checkbox"/>	Hard Drive	<input type="checkbox"/>	Cloud Storage	<input type="checkbox"/>
Workstation	<input type="checkbox"/>	Server	<input type="checkbox"/>	CD/DVD	<input type="checkbox"/>	USB Drive	<input type="checkbox"/>	Smart phone	<input type="checkbox"/>

If smartphone, provide telephone number:

Other (describe):

Additional Questions, if Electronic:

- a. Was the device encrypted? Yes No Not Sure
- b. Was the device password protected? Yes No Not Sure
- c. If a laptop or tablet, was a VPN SmartCard lost? Yes No Not Sure

Cardholder's Name:

Cardholder's SSA logon PIN:

Hardware Make/Model:

Hardware Serial Number:

Additional Questions, if Paper:

- a. Was the information in a locked briefcase? Yes No Not Sure
- b. Was the information in a locked cabinet or drawer? Yes No Not Sure
- c. Was the information in a locked vehicle trunk? Yes No Not Sure
- d. Was the information redacted? Yes No Not Sure
- e. Other circumstances:

5. Circumstances of the loss:

- a. When was it lost/stolen?
- b. Brief description of how the loss/theft occurred:

c. When was it reported to SSA management official (date and time)?

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

7. Which reports have been filed? (include FPS, local police, and SSA reports)

Federal Protective Service Yes No If yes, report number:

Local Police Yes No If yes, report number:

SSA-3114 (Incident Alert) – Not Applicable for Contractors or Subcontractors/Provider Partners Yes No

SSA-342 (Report of Survey) – Not Applicable for Contractors or Subcontractors/Provider Partners Yes No

Other (describe):

INSTRUCTIONS (to the EN or EN Subcontractor/Provider Partner Employee):
Worksheet for Reporting Loss or Potential Loss of Personally Identifiable Information

1. For reporting the incident to the primary SSA contact, only complete items #3 through 6. *Special notes for completing item #3:*
 - For “Position,” write “EN Employee” or “EN Subcontractor/Provider Partner Employee,” as applicable, followed by a hyphen and your job title under the agreement.
 - With respect to Deputy Commissioner Level Organization, this should be the SSA Deputy Commissioner Office under whose authority your EN TPA was awarded and should already be provided on the form. If it is not (and you do not know this), have your OES primary or alternate contact, as applicable, complete the information.
 - Be sure to provide the additional information regarding your company/organization’s name (EN or EN subcontractor/provider partner) and, if known, the SSA-assigned TPA number.

2. For reporting the incident directly to the NNSC, complete all items to the extent possible. *Special notes for completing item #2:*
 - For “Position,” write “EN Employee” or “EN Subcontractor/Provider Partner Employee,” as applicable, followed by a hyphen and your job title under the agreement.
 - With respect to Deputy Commissioner Level Organization, this should be the SSA Deputy Commissioner Office under whose authority your EN TPA was awarded and should already be provided on the form. If it is not, enter Deputy Commissioner for Retirement and Disability Policy (DCRDP).
 - Be sure to provide the additional information regarding your company/organization’s name (EN or EN subcontractor/provider partner) and, if known, the SSA-assigned TPA number.