

Social Security Numbers

Fermilab's International Services Office
August 2011



What is a Social Security Number?

- Most U.S. businesses, banks, government agencies and other organizations have come to use a “Social Security Number” (SSN) as the equivalent of a national identification number.
 - You will need it in many aspects of your life in the U.S.
 - Having a SSN makes life easier, even if it is not required.



What is a Social Security Number?

- The SSN is the tracking number assigned by the Social Security Administration (a federal government agency) to each person for whom it retains a file in its system.





So What is Social Security?

- ***Social Security*** is *primarily* a social insurance program in the United States. It provides certain individuals with protection against:
 - Poverty
 - Old age
 - Disability
 - And More
- Social Security is administered in the U.S.A. by the Social Security Administration (SSA).

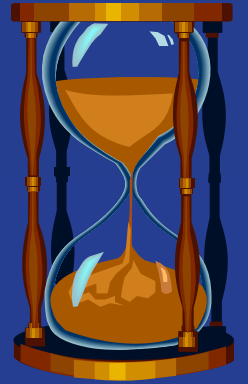
Social Security Numbers

- Why you need a SSN:
 - To submit your State and Federal Income Tax forms.
 - To do business with certain private companies, such as banks, or to buy a car or house, or to get U.S. credit cards.
 - To access certain state benefits, such as an Illinois driver's license.

Social Security Numbers

- Fermilab requires employees, and users who receive payments from the Lab (such as *per diems*), to have Social Security numbers.

Social Security Numbers



- You must wait **10 days** after arriving in the United States to apply for your SSN.
 - A 10 day wait is necessary for the government to have information from your arrival at the airport in their database

Social Security Numbers



- You must visit a Social Security Administration (SSA) office to apply for your SSN.
 - The closest SSA office to Fermilab is at
1325 N. Lake Street, Aurora, IL 60506
- Applying for a SSN is free.
- Use Form SSA-5 to apply.
<http://www.ssa.gov/online/ss-5.html>


<http://www.ssa.gov/online/ss-5.html>

Click on this image to access the fillable Adobe “*Application for a Social Security Card.*”

Click on this link to access a page that enables you to search for the address of the nearest SSA office

Social Security Online
[Forms Home Page](#)


Social Security Forms

 **Application for a Social Security Card** —
(Español)

How to Obtain the Form

Below you will find Form SS-5 in Portable Document Format (PDF). To print the PDF version, you will need the Adobe Acrobat reader software. If you do not already have this special software, see our [page on downloading and printing PDF documents](#).

After you download the Adobe Acrobat Reader, come back to this page and download the PDF version of the SS-5:

[SS-5](#) 

Where To Send the Form

Take (or mail) your completed application and documents to [your local Social Security office](#). If you live in the New York City metropolitan area, Las Vegas, Nev.; Orlando, Fla.; Phoenix, Ariz.; Sacramento, Calif.; or Greater Twin Cities Metropolitan Area, Minn.; you must apply to [your local Social Security Card Center](#). Be sure to take or mail either the original copy of your document or a photocopy or extract of the original record certified by the issuing agency along with the form. We will return your original documents and certified copies right away.

Application for a Social Security Card

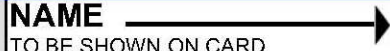
If you have questions, please bring your completed form to the International Services Office and we can review it for you.

SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card Form Approved
OMB No. 0960-0066

1 NAME TO BE SHOWN ON CARD →		First	Full Middle Name	Last
FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD				
2 Social Security number previously assigned to the person listed in item 1		[] [] [] - [] [] - [] [] [] []		
3 PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country			Office Use Only FCI	4 DATE OF BIRTH MM/DD/YYYY
5 CITIZENSHIP (Check One)		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)		
6 ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		7 RACE (Your Response is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White		
8 SEX		<input type="checkbox"/> Male <input type="checkbox"/> Female		
9 A. MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last Name At Her Birth
B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)		[] [] [] - [] [] - [] [] [] [] <input type="checkbox"/> Unknown		
10 A. FATHER'S NAME		First	Full Middle Name	Last
B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10 B on Page 3)		[] [] [] - [] [] - [] [] [] [] <input type="checkbox"/> Unknown		
11 Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
12 Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last Name
13 Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY		
14 TODAY'S DATE MM/DD/YYYY		15 DAYTIME PHONE NUMBER Area Code Number Street Address: Apt. No., PO Box, Rural Route No.		
16 MAILING ADDRESS (Do Not Abbreviate)		City	State/Foreign Country	ZIP Code
I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.				
17 YOUR SIGNATURE		18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify)		
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)				
NPN	DOC	NTI	CAN	ITV
PBC	EVI	EVA	EVC	PRA
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
			DATE	
			DATE	

Form SS-5 (08-2009) et (08-2009) Destroy Prior Editions Page 5

Application for a Social Security Card

SOCIAL SECURITY ADMINISTRATION		Application for a Social Security Card			Form Approved OMB No. 0960-0066	
1	NAME  TO BE SHOWN ON CARD	First	Galileo	Full Middle Name	Last	Galilei
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First		Full Middle Name	Last	
	OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD					

“Other Names Used on your Social Security Card” should be completed only if you already have had a Social Security Card, *AND* it was in a different name.

The *“Name to be Shown on Card”* should be the same as that shown on your passport and immigration documents.

Application for a Social Security Card

This should be blank, unless you have held a Social Security Card before.

The date should be in “month/day/year” format.

2	Social Security number previously assigned to the person listed in item 1								
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country	Pisa	Italy	Office Use Only FCI	4	DATE OF BIRTH MM/DD/YYYY	02/14/1564		
5	CITIZENSHIP (Check One)	<input type="checkbox"/> U.S. Citizen	<input checked="" type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)	<input type="checkbox"/> Other (See Instructions Page 3)				
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	7	RACE Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other Pacific Islander	<input checked="" type="checkbox"/> White
8	SEX	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female						

If you hold F-1, J-1, H-1B, O-1, TN or a greencard, you are a “legal alien authorized to work”.

Application for a Social Security Card

These should be blank, unless your parents have held Social Security Cards before.

9	A. MOTHER'S NAME AT HER BIRTH →	First Giulia	Full Middle Name Di Cosimo	Last Name At Her Birth Ammannati
	B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3) →	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
10	A. FATHER'S NAME →	First Vincenzo	Full Middle Name	Last Galilei
	B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3) →	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security card before?			
		<input type="checkbox"/> Yes (If "yes" answer questions 12-13)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)

Check "Yes" only if you are sure you have ever APPLIED or RECEIVED a Social Security Card or Social Security Number before.

Application for a Social Security Card

The date should be in “month/day/year” format.

This should be blank, unless you have held a Social Security Card before.

12	Name shown on the most recent Social Security card issued for the person listed in item 1	First Name	Full Middle Name	Last Name
13	Enter any different date of birth if used on an earlier application for a card	MM/DD/YYYY		
14	TODAY'S DATE	06/13/2011	15	DAYTIME PHONE NUMBER
	MM/DD/YYYY		Area Code	Number
			630	840-####
16	MAILING ADDRESS (Do Not Abbreviate)	Your residence (e.g. 32 Sauk Blvd. Apt. 3.)		
	City	State/Foreign Country	ZIP Code	
	Batavia,	IL	60510	
I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best to my knowledge.				
17	YOUR SIGNATURE	18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:		
	Galileo Galei	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____		

Do not put a foreign address! Put your current address in the USA.

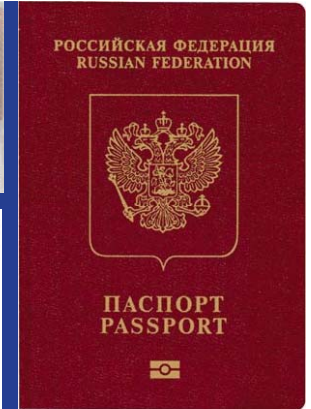
Application for a Social Security Card

12	Name shown on the most recent Social Security card issued for the person listed in item 1 →	First	Full Middle Name	Last Name
	13	Enter any different date of birth if used on an earlier application for a card →	MM/DD/YYYY	
14	TODAY'S DATE 06/13/2011 MM/DD/YYYY	15	DAYTIME PHONE NUMBER 630 840-#### Area Code Number	
16	MAILING ADDRESS (Do Not Abbreviate) →	Street Address, Apt. No., PO Box, Rural Route No. c/o Visa Office, Fermilab, Pine St. & Kirk Rd., P. O. Box 500, MS 103 City State/Foreign Country ZIP Code Batavia, IL 60510		
I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best to my knowledge.				
17	YOUR SIGNATURE Galileo Galei	18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____	

If you do not have a stable mailing address, then you may list the Visa Office.

Social Security Numbers

- When you apply, the SSA will ask to see your:
 - Unexpired passport
 - Visa stamp
 - I-94 Card
- and*
- Depending on your situation:
 - I-797 approval (for H-1B or O-1 visa status)
 - DS-2019 (for J-1 visa status – *shown to right*)
 - I-20 (for F-1 visa status) or
 - EAD (in other situations)



U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

NAME APPROVAL NO. 1481417
 EXPIRES 04-06-2010
 ESTABLISHED NUMBER TIME: 47:00
 New Page 1

1. Name Scudoraw	Place Name St. Petersburg	Gender MALE	ID NUMBER 902250291
2. Date of Birth 04-17-1980	City or Town St. Petersburg	Country of Birth RUSSIA	Exchange Category STUDENT
3. Legal Permanent Residence Country (code) RU	Legal Permanent Residence Country RUSSIA	Position Code 214	Position UNIVERSITY GRADUATE STUDENT
Present Site of Activity: Five Street and Kirk Road PO Box 100 Batavia, IL 60103-1011			
1. Program Sponsor Fermilab Research Alliance, LLC		Exchange Visitor Program Number P-1-11459	
Participating Program Official Organization: RESEARCH SCOLAR, SHORT-TERM SCOLAR, SPECIALIST			
Purpose of this form: Amend previous form; program date(s) amended			
3. Form Covers Period: From (month/year): 04-07-2009	4. Exchange Visitor Category: RESEARCH SCOLAR	5. Exchange Visitor Category: RESEARCH SCOLAR	
To (month/year): 04-06-2010	6. Exchange Visitor Category: RESEARCH SCOLAR	7. Exchange Visitor Category: RESEARCH SCOLAR	
8. Being the period covered by this form, the individual mentioned hereunder support the U.S. to be provided in the exchange visitor for: Exchange Agreement Number: 1-011-101-03 Total: 011-101-03			
9. U.S. EMPLOYMENT OR STATE DEPT. USE OR CONTRIBUTION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER: I HAVE A NOTIFICATION COPY OF THIS FORM AND HAVE PROVIDED TO THE U.S. DEPARTMENT OF STATE CONCERNED OFFICE.		10. Waiver Clause Log Waiver Clause Log 1111 12th St., N.W., Suite 420 Washington, DC 20036 610-640-3933 04-07-2009 Date: 04/07/2009	
11. Signature of Responsible Officer for Relaying Sponsor (FOR TRANSFER OF PROGRAM) Signature of Responsible Officer or Alternate Responsible Officer: <i>Melroy Clay</i> Date: 04/07/2009			
12. PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 11(a) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 86-48, AS AMENDED (see New Line #1 on page 2) The Exchange Visitor to the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: a. <input type="checkbox"/> Employment-based waiver b. <input type="checkbox"/> One-Year Exchange Visitor Waiver c. <input type="checkbox"/> No Waiver required		13. TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year) EXCEPT: Exchange validation period is up to 6 months for Exchange Visitor and 4 months for Camp Counselors and Summer Work Travel. (1) Exchange Visitor is in good standing in the present form. Date (month/year): Signature of Responsible Officer or Alternate Responsible Officer: (2) Exchange Visitor is in good standing in the present form. Date (month/year):	
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING THIS EXCHANGE VISITOR CERTIFICATION. (Form read and signed by applicant on page 2 of this document.) EXCHANGE VISITOR CERTIFICATION: I have read and signed page 2 of this document. Batavia - Illinois 04-07-2009 Signature of Applicant: _____ Date: _____ Signature of Responsible Officer or Alternate Responsible Officer: _____ Date: _____			

Social Security Numbers

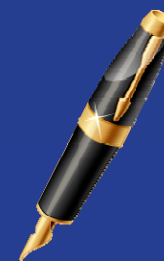


- The Visa Office ***must*** also provide you with a letter.
 - The letter confirms that you are engaged in your J-1 activities at Fermilab
 - Email visaoffice@fnal.gov to let us know you plan to apply for your Social Security number
 - We will email you when the letter is ready (24 hours).
 - You must collect the letter from the individual who emailed you, during office hours, from International Services

Social Security Numbers

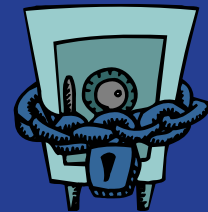


- Depending on the time of year, most Social Security cards are issued between 2 and 6 weeks.
 - Sign your card promptly.
 - If your visa was sponsored by Fermilab, provide a copy of your card to the Visa Office.
 - If you are a Fermilab employee, provide a copy of your card to the Records office.
 - Do not email the card or the number to anyone!
 - Use Interoffice Mail or facsimile.



Social Security Cards and Numbers

- The SSN assigned to you is your SSN forever. It will not change if you leave the U.S., come back in a different status, etc.
- Keep your card safe!
 - It is a useful way of remembering your SSN.
 - Do not let other people get your Social Security card!



Identity Theft

- Identity theft is a form of fraud.
- It occurs when a thief pretends to be someone else by assuming that person's identity.
- Usually, this is done by stealing and then using the person's name *in combination with* a SSN, birthdate, or other “personally identifying information” (PII).



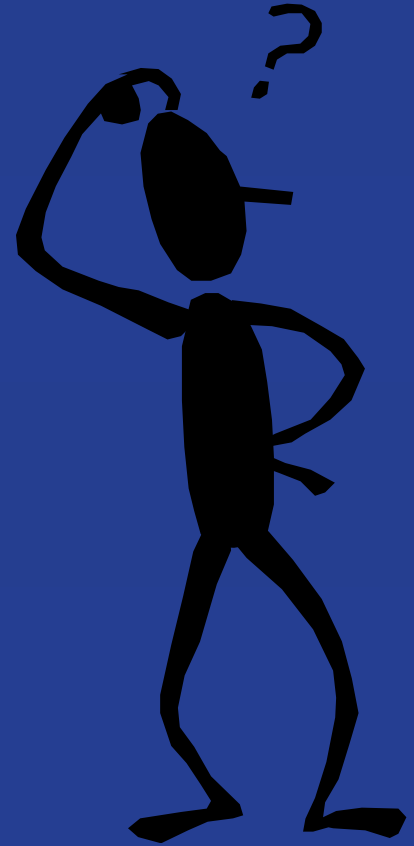
Identity Theft



- By knowing your SSN, a thief easily can steal your identity.
- Once your identity is stolen, the thief might be able to access your bank accounts, take out loans in your name, or take other adverse action.
- Keep your SSN private, and keep your card secure!

More information

- Further information about SSNs:
 - For J-1 visa holders:
<http://www.ssa.gov/pubs/10181.pdf>
 - For Foreign Workers:
<http://www.ssa.gov/pubs/10107.html>
 - For International Students
<http://www.ssa.gov/pubs/10181.html>
 - For non-U.S. citizens
<http://www.ssa.gov/pubs/10096.html>
- Identity Theft
<http://www.ssa.gov/pubs/10064.html>
- Social Security Application Form
<http://www.ssa.gov/online/ss-5.html>

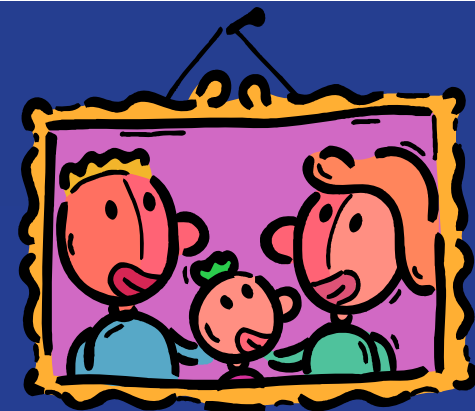


SSNs and your Family



- As we said at the beginning, SSNs are tracking numbers assigned by the SSA to people who pay into the U.S. Social Security system.
- SSA will not issue SSNs to people who are not *eligible* to pay into Social Security.
- To be eligible to pay into Social Security, you must be eligible to work in the U.S.A.

SSNs and your Family



- Family members who hold “derivative” visa status (J-2, H-4, O-3, F-2) usually are not able to work in the U.S.
- *Most* family members cannot apply for Social Security cards or numbers.
- If you want to claim your family members as “dependents” for your US taxes, you must obtain “Individual Taxpayer Identification Numbers” for them.
 - See “Taxes for Non-US Citizens” at <http://wdrs.fnal.gov/visas/taxes.html>
 - See also the US Tax agency (IRS) information at <http://www.irs.gov/individuals/article/0,,id=96287,00.html>

SSNs and your Family

- Exception:
 - J-2 spouses may apply Employment Authorization Documents (EADs) once they arrive in the U.S.
 - Once the EAD is received, the spouse is permitted to work.
 - The spouse then may apply for a SSN.
 - Contact the Visa Office for more information!

Questions?

If you have any other questions about these or any other topics... Come to **International Services** and we will do our best to help!

Main Entrance to Wilson Hall
(Go through here to find our offices)



Getting Closer...



International Services!!



International Services



- Wilson Hall, 1 West (behind the west elevators)
- Fax: 630-840-3688
- **Visa Office:**
 - 630-840-3933 / 4203
 - visaoffice@fnal.gov
 - Online at: visas.fnal.gov
- **Users Office:**
 - 630-840-3111 / 3811
 - usersoffice@fnal.gov
 - Online at: users.fnal.gov