



# The Work Number

## Sample Social Service Verification (Enhanced)

Accurately enrolling applicants in the right program is critical to administering public assistance today. The Work Number® offers current employment and income verifications with real-time delivery and can also help you find unreported income.

### ANN EXAMPLE XXX-XX-1234

Information Current As Of 01/31/2016

#### Social Services Verification


##### Order Information

Verification Type:	Social Services Verification
Permissible Purpose:	Benefit eligibility
Reference Number:	4570704862
Tracking Number:	898989098

##### Employee

Address 1:	123 Main Street
Address 2:	Apartment 3A
City:	St. Louis
State:	MO
Zip:	63101-0120
Phone Number:	Data not provided
Date of Birth:	Data not provided

##### Employment

Employer:	 <b>ENTERPRISE USA</b> Enterprise USA (91001)
Headquarters Address:	
Address 1:	11432 Lackland Road
Address 2:	Suite A
City:	St. Louis
State:	MO
Zip Code:	63146
Employer Disclaimer:	Should the employer provide a disclaimer, it will appear here.

Federal Employer Identification Number (FEIN):	441791581
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Division:	Data not provided
Union Affiliation:	N BOOW 510
Work Location (Job Site):	Data not provided
Employment Status:	Active
Most Recent Start Date:	01/02/2006
Original Hire Date:	01/02/2006
Reason for Termination:	Data not provided
Total Time With Employer:	9 Years, 1 Month
Job Title:	Operations Manager

##### Benefits

Medical Insurance Available:	Y
Employee Eligible:	Y
Reason for Ineligibility:	Data not provided
Employee Enrolled:	Y
Eligibility Date:	Data not provided
Next Open Enrollment Date:	11/03/2016
Coverage Start Date:	01/01/2008
Coverage Termination Date:	Data not provided
Carrier Name:	My Insurance Co.
Address:	123 Main Street
City, State, Zip:	St. Louis, MO 63146
Carrier Phone Number:	314-214-7000
Policy Number:	123456789
Group Number:	12345
Coverage Level:	Family - Employee, Spouse and Children
Annual Cost:	\$1,690.00
Dependent Coverage Available:	Y
Per Pay Period Cost to Add Dependent:	\$100.00
Number of Dependents Covered:	1

## Dependents

Name	SSN	Birth Date
John W Smith	xxx-xx-1111	07/15/2005

Participation in COBRA: N

## Dental Insurance

Dental Insurance Available: Y  
Employee Eligible: Y  
Employee Enrolled: Y  
Carrier Name: Dental Insurance Co.  
Address: Data not provided  
City, State, Zip: Data not provided  
Carrier Phone Number: 314-888-7000  
Policy Number: 987654321

## Vision Insurance

Vision Insurance Available: Y  
Employee Eligible: Y  
Employee Enrolled: Y  
Carrier Name: Vision Insurance Co.  
Address: Data not provided  
City, State, Zip: Data not provided  
Carrier Phone Number: 314-999-1234  
Policy Number: 999123456

## Workers' Compensation

Receiving Workers' Compensation: Y  
Carrier: WC Insurance Co.  
Date of Injury: 06/01/2014  
Date of Award: 07/09/2014  
Claim Number: WC1234  
Claim Pending: Y

## Income and Deductions

Rate of Pay: \$18.00  
Employee Pay Frequency: Hourly  
Avg. Hrs. Worked/Pay Period: 90  
Pay Cycle: Bi-weekly

## Income Summary

	Base Salary	Overtime	Commissions	Bonus	Other	Total
2016	\$4,358.16	\$31.77	\$25.13	\$0.00	\$43.10	\$4,458.16
2015	\$49,400	\$3,158.07	\$936.59	\$1,500	\$105.98	\$55,100.64
2014	\$46,500	\$2,650.15	\$901.45	\$1,250	\$99.55	\$51,401.15

Payroll Deduction for All Insurance Coverage: \$32.00

## Pay Period Detail

Income:  
Total Gross Earnings: \$2,179.08  
Total Net Earnings: \$1,281.08  
Pension: \$100.00  
Other Income: \$11.00

Withholding:  
Federal Tax: \$124.00  
State Tax: \$59.00  
Local Tax: \$17.00  
Social Security: \$37.00  
Medicare: \$26.00  
Retirement/401k: \$132.00  
Cafeteria Plan: \$250.00  
Garnishments: \$100.00  
Other Withholdings: \$42.00

## Historical Pay Period Summary

Pay Period End Date	Pay Date	Hours Worked	Gross Earnings	Net
01/15/2016	01/28/2016	90	\$2,179.08	\$1,281.08
01/01/2016	01/15/2016	90	\$2,179.08	\$1,281.08

The statement above is an official verification generated from The Work Number. Because this verification is system-generated with data that originated directly from the employer's payroll system, it is tamper-resistant and represents a higher level of authenticity than employee-furnished copies of paystubs or W2s. If any information is missing, it is because the employer did not provide this information for inclusion in The Work Number verification. Information not provided by the employer is showing as "Data not Provided". Note: If you this person left this employer and was rehired later, the "Total Time with Employer" amount will likely be understated and will only reflect the most recent consecutive months of service. Questions? Call 1-800-996-7566 (Hearing impaired clients may call 1-800-424-0253/TTY).



A SERVICE OF EQUIFAX

## CONTACT US TODAY

### Verifiers:

govinfo@theworknumber.com  
www.theworknumber.com

### Employers:

moreinfo@equifax.com  
www.equifaxworkforce.com

