

REPORTING CHANGES THAT AFFECT YOUR SOCIAL SECURITY PAYMENT

USE THIS FORM ONLY WHEN THERE IS A CHANGE TO BE REPORTED

PRINT NAME OF PERSON OR PERSONS ABOUT WHOM REPORT IS MADE



SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID

LETTER

You should include the letter or letter and number A, B, B2 C, C1, D, E, F, or H.

Your report cannot be processed without the correct claim number.

DO YOU GET SSI BENEFITS? (Check one) YES NO

1. CHANGE OF ADDRESS (Print new address at bottom)
If Social Security sends your payments to your financial organization, do you want this to continue? YES NO

2. WORKING AND WILL EARN OVER THE EXEMPT AMOUNT FOR 2007?
If you attain full retirement age (FRA) in 2007, your exempt amount is \$34,440 (\$2,870 a month) for the months before the month you attain FRA. If you attain FRA in 2008 or later, your exempt amount is \$12,960 (\$1,080 a month)

a. I am working for wages of more than \$1,080 a month (under FRA in 2007) or \$2,870 a month (if year of FRA attainment) or performing substantial services in self-employment beginning with the month of _____

b. I estimate that my total earnings for this taxable year will be _____

COMPLETE BOTH BOXES

	MONTH AND YEAR
AMOUNT	_____
\$	_____

3. STOPPING WORK OR LIMITING EARNINGS:

a. The last month I worked for wages of more than \$1,080 (under FRA in 2007) or \$2,870 (if year of FRA attainment) or performed substantial services in self-employment was _____

b. I estimate that my total earnings for this taxable year will be _____

COMPLETE BOTH BOXES

	MONTH AND YEAR
AMOUNT	_____
\$	_____

4. CHANGE IN ESTIMATE:
I estimate that my total earnings for this taxable year will be _____

AMOUNT \$ _____

5. CHECK if you are self-employed, an officer of a corporation, or related to an officer of a corporation. _____

6. <input type="checkbox"/> DEATH DATE OF DEATH: _____	7. <input type="checkbox"/> DIVORCE DATE OF DIVORCE: _____	8. <input type="checkbox"/> ANNULMENT DATE OF ANNULMENT: _____
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9. <input type="checkbox"/> MARRIAGE (Place of Marriage) (City, County & State) _____	DATE OF MARRIAGE (MO., DAY, YR.) _____	PRINT NEW LAST NAME _____
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CHECK if spouse is now receiving Social Security benefits

IF SPOUSE RECEIVES SOCIAL SECURITY BENEFITS, FILL IN SPOUSE'S NAME _____	SPOUSE'S CLAIM NUMBER _____ LETTER _____
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10. <input type="checkbox"/> GOING OUTSIDE THE U.S. FOR 30 CONSECUTIVE DAYS OR LONGER	NAME OF COUNTRY TO WHICH GOING _____	DATE GOING _____	DATE EXPECT TO RETURN _____
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11. <input type="checkbox"/> CHILD OR OTHER CLAIMANT FOR WHOM YOU RECEIVE BENEFITS IS NO LONGER IN YOUR CARE OR OTHERWISE CHANGED ADDRESS.	DATE LEFT YOUR CARE _____
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12. <input type="checkbox"/> CONFINEMENT OR IMPRISONMENT Confinement in a jail, prison, or other penal institution or correctional facility, based on a conviction. Confinement in an institution by court order as a result of certain criminal cases. →	DATE OF CONFINEMENT (MONTH, DAY, YEAR) _____
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13. <input type="checkbox"/> GOVERNMENT PENSION OR ANNUITY	MONTH AND YEAR _____
a. I began receiving a government pension or annuity from the Federal government or any State or any political subdivision or my present payments have changed beginning with the month of _____	MONTHLY AMOUNT \$ _____
b. The amount of government pension or annuity I receive is or has been changed to _____	

COMPLETE BOTH BOXES

14. <input type="checkbox"/> RECEIPT OF A PENSION OR ANNUITY BASED ON MY EMPLOYMENT AFTER 1956 NOT COVERED BY SOCIAL SECURITY, OR MY PENSION OR ANNUITY, STOPPED. _____	BEGINNING DATE	ENDING DATE
	MONTH/YEAR	MONTH/YEAR

SIGNATURE OF PERSON MAKING THIS REPORT _____	DATE SIGNED _____
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NUMBER AND STREET, APARTMENT NO., P.O. BOX, OR RURAL ROUTE _____	IS THIS A NEW ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF COUNTRY, IF ANY, IN WHICH YOU LIVE _____
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CITY, STATE _____	ZIP CODE _____	TELEPHONE NUMBER WHERE WE CAN REACH YOU (INCLUDE AREA CODE) _____
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HOW TO REPORT

There are three ways to report:

1. **PHONE** Social Security and explain the change.

Telephone Number (_____) _____
(Area Code)

2. **VISIT** Social Security

3. **MAIL** this form to Social Security. Make sure you fill in:

- NAME of person(s) the report is about
- The correct **CLAIM NUMBER** under which the benefits are payable
- Whether the person(s) also receives **SSI** or **Black Lung** benefits.
- **WHAT** is being reported
- **DATE** it happened
- Your **SIGNATURE** and **ADDRESS**

If you mail your report, please use this reporting form and send it to the nearest Social Security office.

NOTE: REMEMBER TO TELL US WHEN YOU MOVE, EVEN IF YOUR MAILING ADDRESS FOR CHECKS HAS NOT CHANGED.

WHAT TO REPORT

The law Sections 202, 203, and 205 of the Social Security Act, as amended (42 United States Code 402, 403, and 405.) required you to promptly report certain changes in your circumstances which could affect your continuing eligibility to benefits or your benefit amount. The kinds of changes you must report to Social Security are listed on the reverse side of this form. The booklet, "Your Social Security Rights and Responsibilities," tells more about reporting changes. If you do not have this booklet or if you want help in making a report, get in touch with any Social Security office. The people there will be glad to help you.

FAILURE TO REPORT

If you do not report changes in your circumstances, you may not be paid some, or all, of the benefits due you. Or, you may be overpaid, in which case, you will have to pay back any benefits you received that were not due you.

If you hide or do not report a change with the intent to fraudulently get more benefits or benefits not due you, you may be fined, imprisoned, or both per Section 208 of the Social Security Act.

CONFIDENTIAL INFORMATION

The information you give on this form will be used to determine if you are still eligible for Social Security benefits and to make sure the amount of your benefit is correct. Under certain limited conditions authorized by law or regulation, Social Security may disclose this information to another individual or government agency in order to:

- assist Social Security in establishing the right of an individual to Social Security benefits and/or the amount of the benefits;
- facilitate statistical research and audit activities necessary to assure the integrity and improvement of the programs administered by Social Security; and
- comply with Federal laws requiring the exchange of information between Social Security and another agency (such as the General Accounting Office and the Veterans Administration).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, and local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT

PAPERWORK REDUCTION ACT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 5 minutes to read the instructions, gather the necessary facts, and answer the questions.

Use this form only when there is a change to report to Social Security