

**ADVANCE NOTICE OF TERMINATION OF CHILD'S BENEFITS**

NAME AND ADDRESS	SOCIAL SECURITY CLAIM NUMBER
	NAME OF CHILD BENEFICIARY TO WHOM THIS NOTICE APPLIES
	DATE STUDENT BECOMES AGE 18

**YOUR BENEFITS WILL AUTOMATICALLY STOP AT AGE 18 UNLESS:**

- **You are a full-time student at an elementary or secondary-level school (as defined by the jurisdiction in which the school is located), or**
- **You qualify for childhood disability benefits.**

Your benefits will end with the payment for the month before the month in which you attain age 18. You become age 18 on the day before your 18th birthday. This is important when your birthday is on the first day of the month. For example, if your 18th birthday is June 1, you become age 18 on May 31. If you are neither a full-time student nor disabled in May, benefits would not be payable for May. The last benefit payment to which you would be entitled would be the one received in May, which represents your payment for April.

**FOR YOU TO RECEIVE STUDENT BENEFITS AFTER AGE 18, YOU MUST:**

1. **Complete the form, STUDENT'S STATEMENT REGARDING SCHOOL ATTENDANCE (pages 2 and 3).**
2. **Take the form to the school for a school official to certify the information you provide.**
3. **Leave the form, NOTICE OF CESSATION OF FULL-TIME SCHOOL ATTENDANCE (page 4), with the school official.**
4. **Take or mail the completed form, STUDENT'S STATEMENT REGARDING SCHOOL ATTENDANCE OUTSIDE THE UNITED STATES, to one of the following offices.**
  - If you live in Canada, Samoa or the British Virgin Islands, the nearest U.S. Social Security Office;
  - If you live in the Philippines, the SSA Division of the Veterans Affairs Regional Office, 1131 Roxas Blvd, 0930 Manila;
  - If you live in any other country, the Social Security Administration, Office of International Operations, P.O. Box 17775, Baltimore, MD 2123-7775 or call the nearest U.S. Embassy or consulate to determine which U.S. Foreign Service post handles Social Security matters.

**TO RECEIVE CHILDHOOD DISABILITY BENEFITS, YOU MUST CONTACT ONE OF THE OFFICES SHOWN ABOVE AND HAVE THE FOLLOWING INFORMATION:**

1. **A history of the disabling condition, including names and addresses of medical record sources (such as doctors and hospitals) and schools attended. If you have worked, you must also furnish work history.**
2. **Your U.S. Social Security Number.**

Please keep the attached sheet, INFORMATION ABOUT BENEFITS PAST AGE 18 (page 6), for your records. It contains important information about eligibility for student benefits and reporting responsibilities.



**STUDENT'S STATEMENT REGARDING SCHOOL ATTENDANCE OUTSIDE THE UNITED STATES**

The information requested on this form is sought pursuant to authority granted by law (42 U.S.C.402 and 405). While you are not required to respond, your cooperation is needed to confirm your past and/or continuing entitlement to student benefits.

NAME AND ADDRESS

SOCIAL SECURITY CLAIM NUMBER

(To change or correct the address, line through the old address and insert the new address.)

**1. CURRENT SCHOOL YEAR**

(a). Are you now in full-time attendance?  Yes  No

(b). Print the following information about the school you attend.

NAME

School Year Began  
(Month, Day, Year)

School Year Will End  
(Month, Day, Year)

STREET ADDRESS

CITY AND STATE OR PROVINCE

(c). Show the type of school:

High School (including "gymnasium,"  
"lycee," "secundaria," or other  
secondary level school)

Preparatoria

Other (Specify) \_\_\_\_\_

(d). Show the number of hours you are scheduled to attend each week.

(e). Show the grade in which you are enrolled.

**2. Last School Year**

(a). Print name and address of the school you attended in the last school year. (If it is the same as the school shown in question 1, show "Same" and go to (b).)

(b). Date the school year began (Month, Day, Year)

Date the school year ended (Month, Day, Year)

(c). Show the number of hours you were scheduled to attend each week.

(d). Show the grade in which you were enrolled.

**3. Next School Year**

(a). Do you intend to be in full-time attendance at a school in the next school year?

Yes  No  Undecided

(If "No" or "Undecided," go to question 4. If "Yes," go to "(b)" below.)

(b). Print name and address of the school you will attend. (If it is the same as the school shown in question 1, show "Same" and go to (c).)

(c). Date the school year will begin (Month, Day, Year)

Date the school year will end (Month, Day, Year)

(d). Show the number of hours you will be scheduled to attend each week.

(e). Show the grade in which you will be enrolled.

4. Are you disabled?  Yes  No

5. Are you married?  Yes  No

If "Yes," show the date you were married. \_\_\_\_\_

6. (a). Have you worked in employment or self-employment outside the United States during any of the past 13 months, including the present month? (See the information on page 6.)  Yes  No

(b). If "Yes," give the following information about your apprenticeship, employment or self-employment outside the United States.

Name and Address of Employer (If self-employed, show "self" and address at which the trade or business was conducted.)	Type of Business	Date Employment (or self-employment) Began	Date Employment (or self-employment) Ended (If not ended, leave blank.)

(c). Will you work in employment or self-employment in the next school year?  Yes  No

7. If you are, or will be, paid by your employer to attend school, give your employer's name and address. (If it is the same as in question 6, write "same as above.")

I agree to promptly notify the Social Security Administration if I marry, go to work, or if there is any change in my school attendance. I agree to return any benefit payment to which I am not entitled. I know that anyone who makes or causes to make a false statement or representation of material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all the information I have given in this document is true. I also certify that I have read the detached information sheet. I authorize my school to disclose to the Social Security Administration any information concerning my status as a student as it pertains to past, current or future Social Security student benefits.

**SIGNATURE OF STUDENT**

First Name, Middle Initial, Last Name (Write in ink)	Mailing Address		
<b>SIGN HERE</b>			
Student's Own Social Security Number	Telephone No. (Area Code)	Date	

**CERTIFICATION BY SCHOOL OFFICIAL:** (I know that anyone who makes or causes to be made a false statement or representation of material facts in an application for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law and/or State law. I affirm that all information I have given in this document is true.)

- All information entered in items 1, 2 and 3 is correct according to this school's records.  Yes  No
- Is the school's course of study of at least 13 weeks duration?  Yes  No

<b>SCHOOL OFFICIAL SIGNS</b>	School Official's Signature	Title	Telephone No. (Area Code)	Date
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**SCHOOL SHOULD DETACH AND RETAIN THIS FORM**

SOCIAL SECURITY ADMINISTRATION

Form Approved  
OMB No. 0960-0105

**NOTICE OF CESSATION  
OF FULL-TIME SCHOOL ATTENDANCE**

NAME OF SOCIAL SECURITY BENEFICIARY	DATE OF BIRTH	SOCIAL SECURITY CLAIM NUMBER
INDIVIDUAL IDENTIFIED ABOVE CEASED TO BE A FULL-TIME STUDENT AT THIS SCHOOL ON  <p align="center"><i>(Month, Day, Year)</i></p>	REASON: <input type="checkbox"/> 1. Withdrawal, suspension or expulsion <input type="checkbox"/> 2. Changed to PART-TIME status <input type="checkbox"/> 3. Failed to continue in full-time attendance at start of new term (or new school year) <input type="checkbox"/> 4. Other <i>(Explain)</i>	
NAME AND ADDRESS OF SCHOOL		
SIGNATURE (or facsimile) OF SCHOOL OFFICIAL		
TITLE	DATE	

**IMPORTANT INFORMATION ABOUT THIS FORM**

One of the conditions a child between 18 and 19 must meet to receive Social Security benefits is that he/she be a full-time student. ***For Social Security purposes, a student in "full-time attendance" is one who is attending an elementary or secondary-level school, and is enrolled in a day or evening non-correspondence course of at least 13 weeks duration. The attendance must be at grade/year 12 or lower. In addition, the student must be scheduled to attend at the rate of at least 20 hours weekly, and be carrying a subject load which is considered full-time for day students under the school's standards and practices.*** This form contains the name, date of birth, and Social Security claim number of a child beneficiary who tells us that he/she is (or will be when school resumes) a full-time student at your school.

Please hold this form until the student is no longer a full-time student at your school (whether this is during the current school year, or any time after that). Then, enter the date he/she stopped being a full-time student, check the appropriate box above and return the completed form to the Social Security office shown above, the nearest U.S. Social Security office or the nearest U.S. Embassy or consulate. In the Philippines, return it to the SSA Division, U.S. Veterans Affairs Regional Office, 1131 Roxas Blvd., 0930 Manila.

**You should not return the form to report that attendance stopped for a scheduled break (e.g., summer break) unless the student is not expected to return from the break. You also should not complete the form for a student who completes on school year as a full-time student unless he/she will not return to full-time attendance at the beginning of the next school year.**

**If there is any question as to whether a student's attendance is full or part-time, please apply the usual criteria followed by your school.**

**The people in the above offices will be glad to help you with any questions concerning these forms or any other questions you have about Social Security.**

**Thank you for your cooperation.**

## PRIVACY ACT/PAPERWORK REDUCTION ACT NOTICE

The Social Security Administration is authorized to collect information about school attendance under sections 202(d) and 205(a) of the Social Security Act, as amended (42 U.S.C. 402 and 405). While completing this form is voluntary, failure to provide all or part of this information is cause for suspension of benefit payments. The information on this form may be disclosed by the Social Security Administration to another person or agency for the following purposes: (1) to assist the Social Security Administration in establishing the student's right to Social Security benefits, (2) to help with statistical research and audits necessary to assure the integrity and improvement of the Social Security programs, and (3) to comply with laws requiring or allowing the exchange of information between the Social Security Administration and another agency. This information will be used to verify full-time attendance in school, and to determine continuing eligibility to student benefits.

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, or 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 give 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 STATEMENT

**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 2 minutes to read the instructions, gather the necessary facts, and answer the questions.

STUDENT SHOULD DETACH AND KEEP THIS INFORMATION FOR FUTURE REFERENCE

### **INFORMATION ABOUT BENEFITS PAST AGE 18**

If you qualify for Social Security benefits because you are a full-time student, you can start receiving benefits as early as age 18 and usually through the month you graduate from the 12th grade, or the month before age 19, whichever is earlier. Your benefits will be paid in your own name beginning at age 18, either by direct deposit or by mail. Generally, we consider you to be a full-time student if you are in full-time attendance at a school that provides education at the secondary (grade 12) level or below. Full-time attendance means you are scheduled to attend classes at the rate of 20 hours each week, or at the rate determined by your school to be full-time.

### **INFORMATION ABOUT BENEFITS PAST AGE 19**

Your benefits may continue past age 19 if you are in actual full-time attendance at a school that provides elementary or secondary education in the month you become age 19. If the school operates on a yearly basis, then payment may be continued after age 19 up through the earlier of (1) the month you complete the course in which you are enrolled full-time or (2) the second month after the month you become age 19. If the school requires re-enrollment on other than a yearly basis, benefits may continue through the month ending the term that is in progress when you become age 19. If you believe this situation applies to you, contact one of the offices listed on page 1 under item 4. Note that payments beyond age 19 cannot be made if you become age

### **IMPORTANT RESPONSIBILITIES**

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF:

- YOU MARRY
- YOU STOP ATTENDING SCHOOL
- YOU REDUCE YOUR SCHOOL ATTENDANCE BELOW FULL-TIME
- YOU CHANGE SCHOOLS
- YOU ARE PAID BY YOUR EMPLOYER TO ATTEND SCHOOL (at the request of or as a requirement of your employer)

**Your benefits may end if any of the above occur. You must report each of these events even if you believe your benefit should not end. We will tell you about how your benefits may be affected.**

YOU SHOULD ALSO NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF:

- YOU MOVE OR CHANGE YOUR MAILING ADDRESS
- YOU WORK IN EMPLOYMENT OR SELF-EMPLOYMENT

When you are awarded Social Security benefits as a student, you will receive a booklet that further covers your responsibilities. It is important for you to read that booklet.

### **HOW WORK OUTSIDE THE UNITED STATES AFFECTS YOUR BENEFITS**

If your earnings are not subject to U.S. Social Security taxes, a 45-hour test applies. Under this test, if you are employed (or self-employed) on more than 45 hours in a month, you are not eligible to receive a benefit for that month. How much you earn and how many days you work in a month does not matter. A person is employed if he/she performs services for someone else and receives cash payment or other compensation for these services. This includes part-time work, and work as an apprentice.

Failure to report employment in the United States or outside the United States can result in the loss of additional benefits.

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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, or 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.

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