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 CHILD 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 become 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 OUTSIDE THE UNITED STATES (pages 2 and 3).
- Take the form to the school for a school official to certify on page 4 the information you provide on pages 2 and
 3.
- 3. Leave the form, NOTICE OF CESSATION OF FULL-TIME ATTENDANCE (pages 5 and 6), with the school official.
- 4. Take or mail the completed pages 2, 3 and 4 of this form 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 21235-7775 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:

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

Please keep the attached sheet, INFORMATION ABOUT BENEFITS PAST AGE 18 (page 7). It contains important information about eligibility for student benefits and reporting responsibilities.

Form SSA-1372-BK-FC (00-2007) Destroy Prior Editions

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		at An emmanded to				
	a). Do you intend to be in full-time attendance at a school Yes f "No" or "Undecided," go to question 4. If "Yes," go to	No Undecided				
-	EXT SCHOOL YEAR (If you have given this information in question 1, go to question 4.)					
(c	s). Show the number of hours you were scheduled to atter each week.	nd (d). Show the grade in which you were enrolled.				
(b	b). Date the school year began (Month, Day, Year)	Date the school year ended (Month, Day, Year)				
(a	a). Print the name and address of the school you attended question 1, show "Same" and go to (b).)	in the last school year. (If it is the same as the school shown in				
2. <u>L</u>	month? (For example, months of summer vacation) AST SCHOOL YEAR					
(g	g). What months between now and your expected gradual will you not be in full-time attendance for the full	tion				
(f). Show your EXPECTED graduation date from SECO (e.g. high school)	NDARY school Month, Year				
(d	 Show the number of hours you are scheduled to attend each week. 	(e). Show the grade in which you are enrolled.				
	other secondary level school)	Other (Specify)				
(c	c). Show the type of school: High School (including "gymnasium," "lycee," "secundaria," or	Preparatoria				
	CITY AND STATE OR PROVINCE					
	STREET ADDRESS					
	NAME	(Worth, Day, Tear) (Worth, Day, Tear)				
(b	b). Print the following information about the school you attend.	School Year Began School Year Will End (Month, Day, Year) (Month, Day, Year)				
	break and will continue school in the fall, you should a of the fall semester/term for question 1(b). See question	nswer YES to question 1(a). You should show the beginning dat				
(a	a). Are you now in full-time attendance? YesNo (NOTE: If you are completing this form during a summer break period and you were in full-time attendance prior					
1. <u>C</u>	URRENT SCHOOL YEAR	address and insert the new address.)				
SOCIA	AL SECURITY CLAIM NUMBER	(To change or correct the address, line through the old address and insert the new address.)				
studen	nt benefits.	j				
	you are not required to respond, your cooperation is d to confirm your past and/or continuing entitlement to					
	authority granted by law (42 U.S.C. 402 and 405).					
	formation requested on this form is sought pursuant	NAME AND ADDRESS				
	STUDENT'S STATEMENT REGARDING SCHO	OL ATTENDANCE OUTSIDE THE UNITED STATES				

	(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 we attend each week.	ill be scheduled to attend	d (e). Show the grade in which you will be enrolled.				
4.	Are you disabled?		Yes	No			
5.	Are you married? If "Yes," show the date you were mar	ried.	Yes	No			
6.	(a). Have you worked in employment including the present month? (See the	or self-employment outside information on page 7.)		ny of the past 13 months, No			
	(b). If "Yes," give the following informulated States.	mation about your apprentic	ceship, employment or self-	employment outside the			
	Name and Address of Employer (If self-employed, show "self" and address at which the trade	Type of	 Date Employment (or self-employment)	Date Employment or self-employment) Ended			
	or business was conducted.)	Business	Began	(If not ended, leave blank.)			
	(c). Will you work in employment or self-employment in the next school year? YesNo						
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 question 6, write "same as above."						
8.	Do you have an unsatisfied warrant, o carries a penalty of death or confinem or parole?	ver 30 days old, issued for ent of over one year, or bed	your arrest because you we ause you violated a conditi	re charged with a crime that on of Federal or State probation No			
fals a co doo Sec	gree to promptly notify the Social Securendance. I agree to return any benefit per statement or representation of materiarime punishable under Federal law by from the strue. I also certify that I have the surity Administration any information of dent benefits.	ayment to which I am not enter all fact for use in determining time, imprisonment or both. The read the detached informat	ntitled. I know that anyone g a right to payment under I affirm that all the informa- ion sheet. I authorize my s	who makes or causes to make a the Social Security Act commits ation I have given in this chool to disclose to the Social			
atte fals a cr doc Sec stu	endance. I agree to return any benefit_p se statement or representation of materi- rime punishable under Federal law by from sument is true. I also certify that I have burity Administration any information codent benefits.	ayment to which I am not enal fact for use in determining ine, imprisonment or both. read the detached informat oncerning my status as a structure of SIGNATURE OF STU	ntitled. I know that anyone g a right to payment under I affirm that all the information sheet. I authorize my sudent as it pertains to past, one of the part of t	who makes or causes to make a the Social Security Act commit- ation I have given in this chool to disclose to the Social			
fals a condoor Second Stu	endance. I agree to return any benefit_p se statement or representation of materi- rime punishable under Federal law by fi sument is true. I also certify that I have surity Administration any information c	ayment to which I am not enal fact for use in determining ine, imprisonment or both. read the detached informat oncerning my status as a structure of SIGNATURE OF STU	ntitled. I know that anyone g a right to payment under I affirm that all the information sheet. I authorize my sudent as it pertains to past,	who makes or causes to make a the Social Security Act commits ation I have given in this chool to disclose to the Social			

(b). Print the 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).)

	CATION BY SCHOOL OFFICIAL
Name of Student	Social Security Claim Number
page 5 and sign and date the form in the space prov return to the U.S. Social Security Administration are you certified. Please retain page 5 for reporting if the	swer the questions below, annotate the student's expected graduation date or ided. You should give the originals of pages 2, 3 and 4 to the student to ad keep copies in the school's files as a record of the student's attendance the student's full-time attendance ends, or the student graduates before the
date shown on page 2.	
 All information entered in items 1, 2 and 3 on paccording to the school's records. 	pages 2 and 3 is correct Yes No
2. Is the school's course of study of at least 13 we	eks duration? Yes No
3. Please indicate which of the following applies to	the school's operating basis?
Yearly Quarterly/Semester—No Reenrollr Quarterly/Semester-Reenrollment l	ment Required Required
4. I received pages 5 and 6 of this form for report	
5. I annotated page 5 of this form with the student's	s expected graduation date as reported on page 2 of this form. Yes No
I know that anyone who makes or causes to be m or for use in determining a right to payment und Federal law and/or State law. I affirm that all in	nade a false statement or representation of material fact in an application of the U.S. Social Security Act commits a crime punishable under aformation I have given in this document is true.
School	
Official Signs	Title
Printed Name	
Date	Phone Number

SCHOOL SHOULD RETAIN THIS FORM

FORM APPROVED						
SOCIAL SECURITY ADMINISTRATION (OIO address here) OMB No.						
NO	TICE OF CESSA	MOITA				
OF FULL-TIME SO	CHOOL ATTEN	DANCE				
NAME OF SOCIAL SECURITY BENEFICIARY	DATE OF BIRT	A.	SOCIAL SECUR	ITY CLAIM NUMBER		
	1					
STUDENT'S U.S. SOCIAL SECURITY NUMBER				DATE		
	(FROM PAGE 2)	(MONT	H, DAY, YEAR)			
INDIVIDUAL IDENTIFIED ABOVE CEASED TO I	BE A FULL-TIM	E STUD	ENT AT THIS SC	HOOL ON		
(MONTH, DAY, YEAR)				The address of OIO		
				should actually be listed		
REASON:				here. The address is:		
1. Withdrawal, suspension or expulsion						
2. Changed to part-time status				Social Security		
3. Failed to continue in full-time attendance at sta	rt of new term (or	new sch	iool year)	Administration, Office of		
4. Other (explain)				International		
NAME AND ADDRESS OF SOMOOF				Operations, P.O. Box		
NAME AND ADDRESS OF SCHOOL				17769, Baltimore, MD		
				21235 USA		
*						
CICNIA TUDE / C : :/ LOE COMO OFFICIAL		DD 13 1000		Milk		
SIGNATURE (or facsimile) OF SCHOOL OFFICIAL		PRINT	ED NAME			
TITLE		D A FFE				
IIILE		DATE				
TATOODT AND TA	EODM ATION A	DOLLE	TILLY C PODA			
IMPORTANT IN	FURMATION A	ROUL	THIS FORM			
This form contains the name data of high and H.C. Co			C 1711 C			
This form contains the name, date of birth and U.S. So	ciai Security ciaii	n numbe	er of a child benefit	ciary who tells us that he/she		
is (or will be when school resumes) a full-time student meet to receive Social Security benefits is that he/she	t at your school. (one of the	ne conditions a chil	d between 18 and 19 must		
meet to receive Social Security benefits is that he/she	be a full-time stud	ent.				
Full-Time Attendance						
		value # a transport of the control of				
For Social Security purposes, a student is one who is a	thending an eleme	ntary or	secondary-level so	chool and is enrolled in a day		
or evening non-correspondence course at least 13 wee	ks in duration. If	ie attend	ance must be at gra	ade/year 12 or lower. In		
addition, the student must be scheduled to attend at the	e rate of at least 20) nours v	weekly, and be carr	ying a subject load which is		
considered full-time for day students under the school's standards and practices. If there is any question as to whether the						
student's attendance is full or part-time, please apply y	your school's usua	il criteria	1.			
What to Depart						
What to Report	-11 4:4 44 -4		1/1/1/1/1			
Please hold this form until the student is no longer a fi	for the student at	your scr	1001 (whether this i	is during the current school		
year, at the start of the next school year, or any time at	ler mat). Then, e	nter the	date ne/sne stopped	being a full-time student,		
check the appropriate box above, and return the comp	leted form to the S	ocial Se	curity office show	n 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 school lead brook (a.g., suppose brook) welcome and a set of the standard of th						
scheduled break (e.g., summer break) unless you do not expect the student to return after the break. You should report if the student stops attending school full-time, or graduates, earlier than the date shown above.						
student stops attending school full-time, or gradual	tes, earmer than t	ne date	shown above.			
The neonle in the above offices will be glad to believe	w with any anact!	nna ac= -	omina this C			
The people in the above offices will be glad to help yo about Social Security.	ou with any question	ons conc	erning this form of	any other questions you have		
about bootal beculity.						

Thank you for your cooperation.

PRIVACY ACT/ PAPERWORK 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: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

STUDENT SHOULD 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 you become 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 (if higher).

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 became age 19. If the school operates on a yearly basis, then payment may continue 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. Note that payments beyond age 19 cannot be made if you become age 19 in a month of nonattendance (for example, you become age 19 in a month when you are on summer vacation).

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
- YOUR EMPLOYER PAYS YOU TO ATTEND SCHOOL (either at his/her request, or as a requirement of employment)
- AN UNSATISFIED WARRANT, OVER 30 DAYS OLD, WAS ISSUED FOR YOUR ARREST BECAUSE YOU WERE CHARGED WITH A CRIME THAT CARRIES A PENALTY OF DEATH OR CONFINEMENT OVER ONE YEAR, OR, BECAUSE YOU VIOLATED A CONDITION OF FEDERAL OR STATE PROBATION OR PAROLE.

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

YOU MUST 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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