Beneficiary Recontact Report

INSTRUCTIONS FOR COMPLETING THE BENEFICIARY RECONTACT REPORT

1. Use black ink or a No. 2 pencil to complete this report.

2 Keep your numbers and -X's" inside the boxes.

3. Try to inake your numbers took like these.

▶ 0 1 2 3 4 ☐ 6 7 8 9

If you are receiving mother's/father's benefits, answer as follows:

Question la. Answer "No" unless you remarried since you began receiving Social Security benefits based on your deceased spouse's Social Security number.

If you have remarried, answer "Yes" and remember to complete lb and 1c. If the pers,on to whom you are *currently* married receives Social Security benefits, complete 1d and 1e.

Question 2a. Answer "Yes'" if you have a minor child under age 16 or a child disabled since before age 22 in your care. Remember to sign and date the form and return it in the envelope provided.

If you do not have a child in your care, answer 2a "No" and complete 2b. Sign and date the form and return it in the envelope provided.

If you are 17 and receive benefits as a **child, answer question 1 as follows:**

Question la. If you answer "No", sign and date the form and return it in the envelope provided. If you answer "Yes" answer 1b, and return the form.

BE SURE TO RETURN THE FORM TO:
Social Security Administration
Wilkes-Barre Data Operations Center
P.O. Box 5888
Wilkes-Barre. PA 18767-5888

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Privacy Act/Paperwork Reduction Act Notice

Section 202(g) and 202(d) of the Social Security Act and regulations 20 CFR 404.703 and 20 CFR 404.705 authorize us to ask you to complete this report because you continue to be entitled to mother's/father's or child's benefits as long as you are unmarried and for mother's/father's benefits as long as you have a child entitled to benefits in your care. We must ask you to complete this report when you receive these benefits and giving us the information is mandatory. If you do not give us the information requested, we must stop your benefits.

Sometimes the law requires us to give out the facts on this report without your consent. We may release this information to another person or government agency if Federal law requires that we do so or to do the research and the audits needed to administer or improve our program.

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.

These and other reasons why information about the child may be used or given out are explained in the *Federal Register. If* you want to learn more about this, contact any Social Security office.

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.

If You Have Any Questions

If you have any questions, call us at 1-800-772-1213. We can answer most questions over the phone. If you prefer to visit one of our office, please check the local telephone directory for the office nearest you. Or call us and we can give you the office address. Please have this letter with you if you call or visit an office. It will help us to answer your questions.

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

Beneficiary Recontact Report, Form SSA1588-SM
Privacy Act Statement
Collection and Use of Personal Information

Sections 202(g) of the Social Security Act as amended, [42 U.S.C. 402(g)] and Title 20 CFR 404.703 and 20 CFR 404.705 authorizes us to ask you to complete this form because you continue to be entitled to mother's/father's or child's benefits as long as you are unmarried and for mother's/father's benefits as long as you have a child entitled to benefits in your care. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information could prevent us from making an accurate and timely decision on your claim.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency on accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;

2. To comply with Federal laws requiring the release of information for Social Security records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);

3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and

4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. Information from these matching agencies can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Systems of Records Notice entitled Claims Folder System 60-0089. The notice, additional information regarding this form, and information regarding our system and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - 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 5 minutes to read the instructions, gather the facts, and answer the questions. ***Send <u>only</u> comments relating to our time estimate abo****ve to*: *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*

1588	# Label

Beneficiary Recontact Report

Social Security Administration, P.O. Box 5888, Wilkes-Barre, PA 18767-5888

BENEFICIARY'S NAME AND ADDRESS	FORM DATE	SOCIAL SECURITY NUMBER	BIC
	BENEFICIARY		
	RQC	DOEC	PC	TYPE

If change of address, correct and check box. ☐

WHAT YOU NEED TO DO: Please read the enclosed instructions before you complete this report. Then complete this report and send it to us in the enclosed envelope within 30 DAYS. **IF YOU DO NOT RETURN IT PROMPTLY, WE WILL STOP SENDING CHECKS TO YOU.**

1.

a. Are you married? ⟶   YES ☐   NO ☐

b. Enter the month and year you married.
Show the month and year in numbers.
Example May 1990 > 05 1990 ⟶   MONTH ☐☐   YEAR ☐☐☐☐

c. Is your spouse receiving
Social Security benefits? ⟶   YES ☐   NO ☐

d. Enter the Social Security claim number in which
your spouse receives benefits? ⟶   SOCIAL SECURITY NUMBER ☐☐☐ ☐☐ ☐☐☐☐

e. Print your spouse's name ⟶

2.

a. Do you have children who receive Social Security
benefits living with you? ⟶   YES ☐   NO ☐

Answer YES if the child:
• lives with you, OR
• is temporarily away, for example at camp,
school, or visiting a relative, and you expect
the child to return, OR
• does not live with you but you make the important
decisions about the child's welfare.

b. Enter the date the child
stopped living with you. ⟶
Show the month, day, and year in numbers   MONTH ☐☐   DATE ☐☐   YEAR ☐☐☐☐

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.

SIGN HERE ▶	**Daytime Telephone Number(s) (Include Area Code.)**
	Date Signed

Form **SSA-1588-SM** (07-2007)