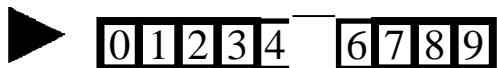


Beneficiary Recontact Report

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.



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

Question 1a. 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 1b 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 1a. 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

Continued on the
Reverse 

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 question, 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.

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Label

Beneficiary Recontact Report

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

FORM APPROVED
OMB NO. 0960-0502

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

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 <input type="checkbox"/>	NO <input type="checkbox"/>	
	b. Enter the month and year you married. Show the month and year in numbers. Example May 1990 > 05 1990 _____ →	MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	c. Is your spouse receiving Social Security benefits? _____ →	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	d. Enter the Social Security claim number in which your spouse receives benefits? _____ →	SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	e. Print your spouse's name _____ →			
2.	a. Do you have children who receive Social Security benefits living with you? _____ → 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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	b. Enter the date the child stopped living with you. _____ → Show the month, day, and year in numbers	MONTH <input type="text"/> <input type="text"/>	DATE <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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