

REPORTING RESPONSIBILITIES FOR CHILD'S INSURANCE BENEFITS

CHANGES TO BE REPORTED AND HOW TO REPORT

FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAID AND IN POSSIBLE MONETARY PENALTIES

- ◆ You or any child changes mailing address for checks or residence. *To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office.*
- ◆ Any child's citizenship or immigration status changes.
- ◆ Any beneficiary goes outside the U.S.A. for 30 consecutive days or longer.
- ◆ Any beneficiary dies or becomes unable to handle benefits.
- ◆ Work Changes - On your application you told us _____ expected total earnings
(Name of Child)
for _____ to be \$ _____ .
(Year)
_____ (is) (is not) earning
(Name of Child)
wages of more than \$ _____ a month.
_____ (is) (is not) self-
(Name of Child)
employed rendering substantial services in a trade or business.

(Report AT ONCE if this work pattern changes)
- ◆ Custody Change - Report if a child for whom you are filing, or who is in your care dies, leaves your care or custody, or changes address.
- ◆ The child age 13 or older has an unsatisfied warrant for their arrest for a crime or attempted crime that is a felony (or in jurisdictions that do not define crime as felonies, a crime that is punishable by death or imprisonment for a term exceeding 1 year).
- ◆ The child age 13 or older has an unsatisfied warrant for a violation of probation or parole under Federal or State law.
- ◆ A student, age 18 or over, stops attending school, reduces school attendance below full-time, changes schools, or is paid by an employer to attend school.
- ◆ If the worker and stepchild's parent divorce. Benefits are not payable to a stepchild beginning with the month after the month the worker and stepchild's parent divorce. Promptly return any benefit payment received on behalf of the stepchild for the months after the month the divorce becomes final.
- ◆ The child is confined to jail, prison, penal institution or correctional facility for conviction of a crime or confined to a public institution by court order in connection with a crime.
- ◆ Change of Marital Status - Marriage, divorce, or annulment of marriage of any child. You must report marriage even if you believe that an exception applies.
- ◆ Disability Applicants - In addition to the applicable reporting requirements listed above:
 1. The disabled adult child returns to work (as an employee or self-employed) regardless of amount of earnings.
 2. The disabled adult child's condition improves.

An agency in your State that works with us in administering the Social Security disability program is responsible for making the disability decision on the child's claim. In some cases, it is necessary for them to get additional information about the child's condition or to arrange for the child to have a medical examination at Government expense.

HOW TO REPORT

You can make your reports by telephone, mail, or in person, whichever you prefer.

If you are awarded benefits, and one or more of the above change(s) occur, you should report by:

- ◆ Calling us TOLL FREE at 1-800-772-1213
- ◆ If you are deaf or hearing impaired, calling us TOLL FREE at TTY 1-800-325-0778; or
- ◆ Calling, visiting or writing your local Social Security office at the phone number and address shown on your claim receipt.

For general information about Social Security, visit our web site at www.socialsecurity.gov.

For those under full retirement age, the law requires that a report of earnings be filed with SSA within 3 months and 15 days after the end of any taxable year in which the child earns more than the annual exempt amount. You may contact SSA to file a report for the child. Otherwise, SSA will use the earnings reported by the child's employer(s) and the child's self-employment tax return (if applicable) as the report of earnings required by law, to adjust benefits under the earnings test. It is your responsibility to ensure that the information you give concerning the child's earnings is correct.

NOTICE ABOUT DOCUMENTS

We recommend that you keep all documents you submitted to us.

We are returning the documents you submitted with this claim.

Collection and Use of Information From Your Application - Privacy Act Notice/Paperwork Reduction Act Notice

The Social Security Administration is authorized to collect the information requested on this form under sections 202, 205 and 223 of the Social Security Act. The information you provide will be used by the Social Security Administration to determine if you or a dependent is eligible to insurance coverage and/or monthly benefits. You do not have to give us the requested information. However, if you do not provide the information, we will be unable to make an accurate and timely decision concerning your entitlement or a dependent's entitlement to benefit payments.

The information you provide may be disclosed to another Federal, State, or local government agency for determining eligibility for a government benefit or program, to a Congressional office requesting information on your behalf, to an independent party for the performance of research and statistical activities, or to the Department of Justice for use in representing the Federal government.

We may also use this information 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 provide 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 - *This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. 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 10.5 - 15.0 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.** 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.***