

1587

# Beneficiary Recontact Report

Social Security Administration, P.O. Box 5887, Wilkes-Barre, PA 18767-5887

FORM APPROVED  
OMB NO.0960-0536

Payee's Name and Address	FORM DATE	SOCIAL SECURITY NUMBER	PIC	RIC
	BENEFICIARY			
	RQC	DOB	PC	TYPE

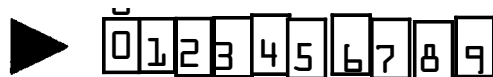
If change of address, correct and check box.

**WHAT YOU NEED TO DO:** We need you to fill out this form because we have found that some children **do** marry before age **18**. We must stop payments to a child who marries. While we know that most children do not marry before age 18, we need you to tell us if your child is married or not. If your child has not married, we will continue to send payments.

1. A.	Has _____ married? <i>If YES, go to question 1. B. BELOW. If NO, STOP HERE. Sign and date the form where indicated below.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
1. B.	Enter the month and year the child married. <i>(Show the month and year in numbers.)</i>  EXAMPLE: MAY 1994 > 05 1994 _____	MONTH <input type="checkbox"/>	YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## INSTRUCTIONS

- Use black ink or a No. 2 pencil to complete this report.
- Keep your numbers and "X's" inside the boxes.
- Try to make your numbers look like these:



- Complete the report and send it to us in the provided envelope within 30 days.

Please return the entire form to SSA for processing.

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 <i>(Include Area Code)</i>
	Date Signed

See Revised Privacy Act Statement Attached

## ~~Privacy Act/Paperwork Reduction Act Notice~~

~~Section 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 receive benefits for a child under age 18. The child may continue to be entitled to benefits as long as he/she is unmarried. We must ask you to complete this report on behalf of the child when he/she receives Social Security benefits. Giving us the information on this report is mandatory.~~

~~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.~~

See Revised PRA Attached

~~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 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 you about 3 minutes to read the instructions, gather the facts and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1212.** Send only comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001.~~

## **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 offices, 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 Privacy Act and PRA Statements into the form at its next scheduled reprinting:*

## **Privacy Act Statement**

### **Collection and Use of Personal Information**

Section 202(d) of the Social Security Act, as amended, and Title 20 CFR 404.703 and 404.705, authorize us to collect this information. The information you provide will be used to help determine the child's eligibility for receiving Social Security benefits.

The information you furnish on this form is voluntary. However, if you do not complete this form, it may delay the determination of the child's eligibility for benefits.

We rarely use the information you supply for any purpose other than for making a determination relating to approval for Social Security benefits. 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 in 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 from Social Security records (e.g., to the Government Accountability Office and 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 and improvement of Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

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 programs 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 Notices entitled, Master Beneficiary Record, 60-0090. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local 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 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also 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.*