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Delicition , recommend report	B	eneficiary	Recontact	Report
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Social Sec	curity Administration, P.O. Box 5887, Wilkes-B	18767-5887			FORM APPROVED OMB NO.0960-0536			
	ame and Address	FORM DATE		SOCIAL SECURIT	Y NUMBER	PIC	RIC	
		BENEFICIARY						
		RQC		DOB	PC		ТҮРЕ	
I£ -1	44							
	Iddress, correct and check box. OU NEED TO DO: We need you to fill out this f	Form because	se we l	nave found that	some ch	ildren d	lo marry	
before ago marry be	e 18. We must stop payments to a child who me fore age 18, we need you to tell us if your, we will continue to send payments.	arries. W	hile	we know that	most c	hildren	do not	
1. A.	Has married?		YES			NO		
	If YES, go to question 1. B. BELOW. If NO, STOP HERE. Sign and date the form where indicated below.							
1. B.	Enter the month and year the child married. (Show the month and year in numbers.)			MONTH		YEAR	R	
	EXAMPLE: MAY 1994 > 05 1994 ————			Ш	L		Ш	
	INSTRUCTION	S						
•	Use black ink or a No. 2 pencil to complet Keep your numbers and "X's" inside the be Try to make your numbers look like these	oxes.	port.					
	<u> </u>]						
•	Complete the report and send it to us in the	he provid	ded e	nvelope wi	thin 30	days.		
	Please return the entire form to	SSA fo	or pr	ocessing.				
	e under penalty of perjury that I have examined anying statements or forms, and it is true and co						any	
SIGN	HERE		Daytir	ne Telephone Nu	mber (Inc	clude A	rea Code)	
			Date	Signed				
				_				

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.

This information collection meets the clearance 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 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 <u>only</u> 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.