
REPORTING RESPONSIBILITIES FOR DISABILITY INSURANCE BENEFITS

CHANGES TO BE REPORTED AND HOW TO REPORT

FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAYED

- ▶ You change your 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.*
- ▶ Your citizenship or immigration status changes.
- ▶ Any beneficiary dies or becomes unable to handle benefits.
- ▶ Custody Change - Report if a person for whom you are filing or who is in your care dies, leaves your care or custody, or changes address.
- ▶ You are confined to jail, prison, penal institution or correctional facility for conviction of a crime or you are confined to a public institution by court order in connection with a crime.
- ▶ You become entitled to a pension or annuity based on your employment after 1956 not covered by Social Security, or if such pension or annuity stops.
- ▶ You have an unsatisfied warrant for a violation of probation or parole under Federal or State
- ▶ Change of Marital Status- Marriage, divorce, and annulment of marriage. You must report marriage even if you believe that an exception applies.
- ▶ You return to work (as an employee or self-employed regardless of amount of earnings.
- ▶ Your condition improves.
- ▶ You are under age 65 and you apply for or begin to receive workers' compensation (including black lung benefits) or another public disability benefits, or the amount of your present workers' compensation or public disability benefit changes or stop, or you receive a lump-sum settlement.

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 shown on your claim receipt.

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

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/Paperwork 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 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 us 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.

The 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 9 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213.** Send only comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.
