

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 REPAYED 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:

- ◆ Visiting the section "What You Can Do Online" at our web site at www.socialsecurity.gov;
- ◆ 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 above.

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.

See Revised Privacy
Act Statement

Privacy Act Statement - Collection and Use of Personal Information

Sections 202, 205, and 223 of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine if you or a dependent are eligible for insurance coverage and/or monthly benefits.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision concerning your or a dependent's entitlement to benefit payments.

We rarely use the information you supply for any purpose other than for determining the identity of a spouse. 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 enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage, 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), to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level, and to facilitate statistical research and audit 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.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at www.socialsecurity.gov or at your local Social Security office.

See revised Paperwork
Reduction Statement

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 to 15 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 (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.**

Application for Child's Insurance Benefits, form SSA-4-BK
Privacy Act Statement
Collection and Use of Personal Information

Sections 202, 205, and 223 of the Social Security Act as amended, [42 U.S.C. 402, 405, and 423] authorizes us to collect this information. We will use the information you provide to help us determine if you or a dependent are eligible for insurance coverage and/or monthly benefits. The information you provide on this form is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision concerning you or a dependent's entitlement to benefit payments.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. 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 on 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 for Social Security records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the 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 of Social Security programs.

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 agencies 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, Claims Folder System, 60-0089 and Medicare Database (MDB) File, 60-0321. The notices, additional information regarding this form, and information regarding our system and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

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 12 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. 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.*