

**REPORTING CHANGES THAT AFFECT YOUR SOCIAL SECURITY PAYMENT**

USE THIS FORM WHEN THERE IS A CHANGE TO BE REPORTED. ONLY COMPLETE THE ITEM(S) THAT HAVE CHANGED.

PRINT NAME OF PERSON OR PERSONS ABOUT WHOM REPORT IS MADE

SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID

LETTER

You should include the letter or letter and number A, B, B2 C, C1,  
D, E, F, or H.

Your report cannot be processed without the correct claim number.

DO YOU GET SSI BENEFITS? (Check one)

YES  NO

1. CHANGE OF ADDRESS (Print new address at bottom)

If Social Security sends your payments to your financial organization, do you want this to continue?

YES  NO

2. WORKING AND WILL EARN OVER THE EXEMPT AMOUNT FOR 2009?

If you attain full retirement age (FRA) in 2009, your exempt amount is \$37,680 (\$3,140 a month) for the months before the month you attain FRA. If you attain FRA in 2010 or later, your exempt amount is \$14,160 (\$1,180).

- a. I am working for wages of more than \$1,180 a month (under FRA in 2009) or \$3,140 a month (if year of FRA attainment) or performing substantial services in self-employment beginning with the month of
- b. I estimate that my total earnings for this taxable year will be

COMPLETE BOTH BOXES

2a) MONTH AND YEAR

2b) AMOUNT

\$

3. STOPPING WORK OR LIMITING EARNINGS:

a. The last month I worked for wages of more than \$1,180 (under FRA in 2009) or \$3,140 (if year of FRA attainment) or performed substantial services in self-employment was

COMPLETE BOTH BOXES

3a) MONTH AND YEAR

3b) AMOUNT

\$

b. I estimate that my total earnings for this taxable year will be

4. CHANGE IN ESTIMATE:

I estimate that my total earnings for this taxable year will be

AMOUNT

\$

5. CHECK if you are self-employed, an officer of a corporation, or related to an officer of a corporation.

6. DEATH

DATE OF DEATH:

7. DIVORCE

DATE OF DIVORCE:

8. ANNULMENT

DATE OF ANNULMENT:

9. MARRIAGE (Place of Marriage) (City, County & State)

DATE OF MARRIAGE (MO., DAY, YR.)

PRINT NEW LAST NAME

CHECK if spouse is now receiving Social Security benefits

IF SPOUSE RECEIVES SOCIAL SECURITY BENEFITS, FILL IN SPOUSE'S NAME

SPOUSE'S CLAIM NUMBER

LETTER

10. GOING OUTSIDE THE U.S. FOR 30 CONSECUTIVE DAYS OR LONGER

NAME OF COUNTRY TO WHICH GOING

DATE GOING

DATE EXPECT TO RETURN

11. CHILD OR OTHER CLAIMANT FOR WHOM YOU RECEIVE BENEFITS IS NO LONGER IN YOUR CARE OR OTHERWISE CHANGED ADDRESS.

DATE LEFT YOUR CARE

12. CONFINEMENT OR IMPRISONMENT

Confinement in a jail, prison, or other penal institution or correctional facility, based on a conviction. Confinement in an institution by court order as a result of certain criminal cases.

DATE OF CONFINEMENT (MONTH, DAY, YEAR)

13. GOVERNMENT PENSION OR ANNUITY

a. I began receiving a government pension or annuity from the Federal government or any State or any political subdivision or my present payments have changed beginning with the month of

COMPLETE BOTH BOXES

13a) MONTH AND YEAR

13b) MONTHLY AMOUNT

\$

b. The amount of government pension or annuity I receive is or has been changed to

14. RECEIPT OF A PENSION OR ANNUITY BASED ON MY EMPLOYMENT AFTER 1956 NOT COVERED BY SOCIAL SECURITY, OR MY PENSION OR ANNUITY, STOPPED.

BEGINNING DATE

ENDING DATE

MONTH/YEAR

MONTH/YEAR

SIGNATURE OF PERSON MAKING THIS REPORT

DATE SIGNED

NUMBER AND STREET, APARTMENT NO., P.O. BOX, OR RURAL ROUTE

IS THIS A NEW ADDRESS?

Yes  No

NAME OF COUNTRY, IF ANY, IN WHICH YOU LIVE

CITY, STATE

ZIP CODE

TELEPHONE NUMBER WHERE WE CAN REACH YOU (INCLUDE AREA CODE)



***SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:***

**Privacy Act Statement  
Collection and Use of Personal Information**

Sections 202, 203, and 205 of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to assist us in determining your continuing eligibility to benefits or your benefit amount.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate and timely decision, or could result in the loss of benefits.

We rarely use the information you supply for any purpose other than to determine your continuing eligibility to benefits or your benefit amount. 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).

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 System of Records Notice entitled, Claims Folders Systems, 60-0089. 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.

*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 5 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 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.