## REPORT TO SOCIAL SECURITY ADMINISTRATION BY STUDENT OUTSIDE THE UNITED STATES

(Use this form ONLY when there is a change to be reported for a United States Social Security beneficiary)

Our address is: Social Security Administration

P.O. Box 1756
Baltimore, Maryland 21203

PRINT NAME OF STUDENT ABOUT WHOM REPORT IS MADE

SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID. It is a nine digit number (000-00-0000) followed by a letter or a letter and a number, such as C,  $C_1$ , HC, H $C_1$ . Your report cannot be processed without the correct claim number.

LETTER

U.S.A.

If you need help in completing this form or additional information about your benefits, you may contact the nearest U.S. Social Security office, Embassy or Consulate. If you live in the Philippines, you may contact the U.S. Veterans Administration Regional Office in Manila.

e. DATE SCHOOL YEAR WILL END  7a. STUDENT'S EMPLOYER IS PAYING S' I began attending school as part of m'  b. NAME AND ADDRESS OF EMPLOYER  8. INCARCERATION FOR CONVICTION OF Student is confined in a jail, prison, or of conviction for a felony committed after  IATURE OF PERSON MAKING THIS REPORT  LING ADDRESS (NUMBER AND STREET, APT. NO.)	DF A FELONY other institution or correctional facility, based on a	NCARCERATION y, Year)	
7a. STUDENT'S EMPLOYER IS PAYING S' I began attending school as part of m b. NAME AND ADDRESS OF EMPLOYER  8. INCARCERATION FOR CONVICTION OF Student is confined in a jail, prison, or of conviction for a felony committed after NATURE OF PERSON MAKING THIS REPORT	DF A FELONY other institution or correctional facility, based on a er October 19, 1980.	NCARCERATION y, Year)	
7a. STUDENT'S EMPLOYER IS PAYING S' I began attending school as part of m b. NAME AND ADDRESS OF EMPLOYER  8. INCARCERATION FOR CONVICTION OF Student is confined in a jail, prison, or of conviction for a felony committed after	DF A FELONY other institution or correctional facility, based on a er October 19, 1980.	NCARCERATION y, Year)	
7a. STUDENT'S EMPLOYER IS PAYING S' I began attending school as part of m b. NAME AND ADDRESS OF EMPLOYER  8. INCARCERATION FOR CONVICTION OF Student is confined in a jail, prison, or of	STUDENT TO ATTEND SCHOOL  my job on  DATE OF IN (Month, Date of a (Month, Date of In (Month) Month, Date of In (Month, Date of In (Month) Month, Date of In (Month) Month M	NCARCERATION	
7a. STUDENT'S EMPLOYER IS PAYING S' I began attending school as part of mb. NAME AND ADDRESS OF EMPLOYER	STUDENT TO ATTEND SCHOOL my job on		
7a. STUDENT'S EMPLOYER IS PAYING S' I began attending school as part of m	STUDENT TO ATTEND SCHOOL MONTH D	AY, YEAR	
7a. ☐ STUDENT'S EMPLOYER IS PAYING S	STUDENT TO ATTEND SCHOOL MONTH D	AY, YEAR	
d. STUDENT IDENTIFICATION NUMBER	R STUDENT'S SOCIAL SECURITY NUMBER	STUDENT'S SOCIAL SECURITY NUMBER	
c. TYPE OF SCHOOL  ELEMENTARY or SECONDARY SC	SCHOOL UNIVERSITY OTHER (explain)		
of school, branch or campus and di	ivision)	τυς, sucπ as type	
I am (will be) attending full-time part-time  b. NAME AND ADDRESS OF NEW SCHOOL (Give sufficient information for location of your support of school branch or company and division).		rde queb es t	
6a. CHANGED SCHOOLS I have arranged to change schools effective		PAY, YEAR	
5. REDUCED SCHOOL ATTENDANCE TO The last day that I attended school on	D LESS THAN FULL-TIME MONTH, E	DAY, YEAR	
4. NO LONGER ATTENDING ANY SCHOO year ended if you intend to resume full- than 4 full calendar months.) The last of	OL (Do NOT report this item merely because school l-time attendance after a vacation period of not more day that I attended school on a full-time basis was	DAY, YEAR	
3. MARRIAGE	DATE OF I	MARRIAGE	
2. EMPLOYMENT (As employee or as se	elf-employed person) — DATE EMP	PLOYMENT BEGAN	
Check if change is for: More than	dress after signature below) 6 mos. □ 6 mos. or less		
<ol> <li>☐ CHANGE OF ADDRESS(Print new add.</li> </ol>			
	IN ONLY THE INFORMATION BEING REPORTED		
sure to affix proper postage on the envelope.  CHECK OR FILL II			
P.O. Bo Baltimo sure to affix proper postage on the envelope.  CHECK OR FILL II	<u> </u>		

Notice: This report is authorized in order to confirm continuing eligibility to Social Security benefits as provided by law (section 202(d) of the U.S. Social Security Act, as amended (42 United States Code 402(d)).

## WHAT TO REPORT

The kinds of events that you must report to Social Security are listed below. Check any of the events that apply to you and fill in any other information requested about the event.

## **FAILURE TO REPORT**

If you do not report events as shown on this form, you may not be paid some or all of the benefits due you, or you may be overpaid, in which case, you will have to pay back any benefits you received that were not due you.

Also, if you conceal or fail to disclose a reporting event with an intent to fraudulently obtain benefits either in a greater amount than is due or when no payment is authorized, you may be FINED, IMPRISONED, or both, as provided in section 208 of the Social Security Act.

## OTHER USES WHICH MAY BE MADE OF THE INFORMATION ON THIS REPORT

In addition to being used to determine if you are still eligible for U.S. Social Security benefits, this information may be disclosed to another individual or U.S. Government agency in order to:

- assist U.S. Social Security in establishing the right of an individual to Social Security coverage and benefits;
- facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security Programs; and
- comply with U.S. Federal laws requiring the exchange of information between U.S. Social Security and another agency (such as the U.S. Department of State).