

1588

# Beneficiary Recontact Report

Social Security Administration, P.O. Box 5888, Wilkes-Barre, PA 18767-5888

FORM APPROVED  
OMB NO.0960-0502

FORM DATE	SOCIAL SECURITY NUMBER	BIC	
BENEFICIARY			
RQC	DOEC	PC	TYPE

If change of address, correct and check box.

**WHAT YOU NEED TO DO:** Please read the enclosed instructions before you complete this report. Then complete this report and send it to us in the enclosed envelope within 30 DAYS. **IF YOU DO NOT RETURN IT PROMPTLY, WE WILL STOP SENDING CHECKS TO YOU.**

1.	a. Are you married? _____ →	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	b. Enter the month and year you married. Show the month and year in numbers. Example: May 1990 > 05 1990 _____ →	MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	c. Is your spouse receiving Social Security benefits? _____ →	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	d. Enter the Social Security claim number in which your spouse receives benefits? _____ →	SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	e. Print your spouse's name _____ →		

2.	a. Do you have children who receive Social Security benefits living with you? _____ → Answer YES if the child: • lives with you, OR • is temporarily away, for example at camp, school, or visiting a relative, and you expect the child to return, OR • does not live with you but you make the important decisions about the child's welfare.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	b. Enter the date the child stopped living with you. _____ → Show the month, day, and year in numbers	MONTH <input type="text"/> <input type="text"/>	DATE <input type="text"/> <input type="text"/>

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

**SIGN HERE**



Daytime Telephone Number (Include Area Code)

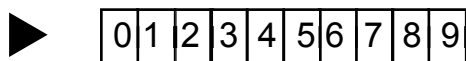
Date Signed

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## Beneficiary Recontact Report

### INSTRUCTIONS FOR COMPLETING THE BENEFICIARY RECONTACT REPORT

1. Use black ink or a No. 2 pencil to complete this report.
2. Keep your numbers and X's" inside the boxes.
3. Try to make your numbers look like these.



#### If you are receiving mother's/father's benefits, answer as follows:

Question 1a. Answer "No" unless you remarried since you began receiving Social Security benefits based on your deceased spouse's Social Security number.

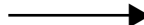
If you have remarried, answer "Yes" and remember to complete 1b and 1c. If the person to whom you are *currently* married receives Social Security benefits, complete 1d and 1e.

Question 2a. Answer "Yes" if you have a minor child under age 16 or a child disabled since before age 22 in your care. Remember to sign and date the form and return it in the envelope provided.

If you do not have a child in your care, answer 2a "No" and complete 2b. Sign and date the form and return it in the envelope provided.

#### BE SURE TO RETURN THE FORM TO:

Social Security Administration  
Wilkes-Barre Data Operations Center  
P.O. Box 5888  
Wilkes-Barre, PA 18767-5888

Continued on the  
Reverse 

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Privacy Act Statement  
Collection and Use of Personal Information

Sections 202(g) of the Social Security Act as amended, [42 U.S.C. 402(g)] and Title 20 CFR 404.703 and 20 CFR 404.705 authorizes us to ask you to complete this form because you continue to be entitled to mother's/father's or child's benefits as long as you are unmarried and for mother's/father's benefits as long as you have a child entitled to benefits in your care. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information could prevent us from making an accurate and timely decision on your claim.

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 Notice entitled Claims Folder System 60-0089. The notice, additional information regarding this form, and information regarding our system and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security office.