

1588

Beneficiary Recontact Report

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

FORM APPROVED
OMB NO.0960-0502

Payee's Name and Address

FORM DATE	BNC#	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"/>	
	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"/>

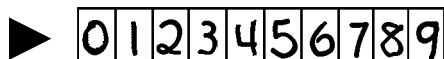
I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

SIGN HERE 	Daytime Telephone Number (Include Area Code)
	Date Signed

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.

If you are 17 and receive benefits as a child, answer question 1 as follows:

Question 1a. If you answer "No", sign and date the form and return it in the envelope provided. If you answer "Yes", answer 1b, and return the form.

BE SURE TO RETURN THE FORM TO:

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

Continued on the
Reverse →

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

Sections 202(g)(1) and 205(a) of the Social Security Act, as amended, allow us to collect this information. We will use the information you provide to confirm continued entitlement to benefits.

Furnishing us this information is voluntary. However, failing to provide all or part of the information could result in the loss of benefits.

We rarely use the information you supply for any purpose other than what we state above, however, we may use the information for the administration of our programs, including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices, 60-0089, entitled Claims Folder System, and 60-0090, entitled Master Beneficiary Record. Additional information about these and other system of records notices and our programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

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 incorrect payments or delinquent debts under these programs.

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 (OMB) control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***