

**REPORT TO THE UNITED STATES SOCIAL SECURITY ADMINISTRATION**

**IMPORTANT:** Failure to complete and return this form within 60 days will result in suspension of benefits. **SIGN AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE. SEE INSTRUCTIONS ENCLOSED.**

<p><b>1.</b> Print your address here only if it is different from the one shown below.</p>	<p><b>2.</b> Telephone number at which you may be contacted during the day.</p>
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IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE TURN THIS FORM OVER AND CONTINUE ON THE BACK. YOU MUST SIGN YOUR NAME IN ITEM 7 ON THE BACK OF THIS FORM.

	YES	NO
<p><b>3.</b> Has there been a change in your citizenship or your country of residence that you have not yet reported to SSA? _____ →</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>4.</b> Have you married or had a divorce or annulment since you last reported your marital status to SSA? _____ →</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>5.</b> Did you work for someone else or were you self-employed (i.e. did you own a business or farm) since your last report of work to SSA? _____ →</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Answer Question 6 only if you are the parent of a child under age 16 or disabled and you receive Social Security benefits because you have this child in your care.</b></p>		
<p><b>6.</b> Did you and the child live apart since you last reported the child's living arrangements to SSA? _____ →</p>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>OTHER REPORTABLE EVENTS</b> In addition to the events listed on this form, you are responsible for reporting any other event that may affect benefit payments.</p>	<p><b>(For SSA Use Only)</b></p> <p>— —</p> <p><b>SSN</b></p>
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**Privacy Act Statement/Collection and Use of Personal Information-**  
 The United States Code of Federal regulations (42 U.S.C § 403(c), 403(g), 405(a) and 405(j)) authorize us to collect the information on this form. The information you provide will be used to determine if we can continue to pay you Social Security benefits. Your response is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on your benefits.

See Revised Privacy Act Statement Attached

We rarely use the information provided on this form for any purpose other than for determining the continued entitlement to benefit payments. However, in accordance with 5 U.S.C. § 522a(b) of the Privacy Act, we may disclose the information provided on this form (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 make determinations for eligibility in similar health and income maintenance programs at the Federal, State and local level; (3) to comply with Federal laws requiring the disclosure of the information from our records; and (4) to facilitate statistical research, audit or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our

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records with those of 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 contained in our System of Records Notice 60-0069 (Claims Folders System). Additional information regarding this form and our other system of records notices and Social Security programs are available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any U.S. Embassy, consulate, VARC or U.S. Social Security office.

**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. You may send comments on our time estimate above to: SSA 5401 Security Blvd, Baltimore, MD 21235-6401 USA. **Send only comments relating to our time estimate to this address, not the completed form.**

IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ON THE OTHER SIDE OF THIS FORM, YOU **MUST** COMPLETE THE CORRESPONDING BLOCK(S) BELOW. IF YOU ANSWERED "NO" TO ALL OF THE QUESTIONS ON THE OTHER SIDE OF THE FORM, YOU SHOULD GO TO ITEM 7, SIGN, DATE, AND RETURN THE FORM.

**3.** If you answered "Yes" to question 3 on the reverse, complete the information below.

(a) Country of new citizenship	Date acquired (Month-Day-Year)
(b) Current country of residence	Date of change (Month-Day-Year)

**4.** If you answered "Yes" to question 4 on the reverse, complete the information below.

(a) <input type="checkbox"/> Marriage	(b) <input type="checkbox"/> Divorce	(c) <input type="checkbox"/> Annulment	(d) Enter date event occurred (Month-Day-Year)
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**5.** If you answered "Yes" to question 5 on the reverse, complete the information below.

(a) Check one <input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed	(b) Date work began (Month-Day-Year)	(c) If ended, enter date work stopped (Month-Day-Year)
(d) List each month that you worked 45 hours or less ( <i>Explain in "Remarks"</i> )		
(e) Was this work done in the United States or did you pay United States Social Security taxes on earnings from this work? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>		
(f) If you answered "Yes" to (e) above, enter your total earnings for:		\$
the year before last _____ →		\$
and last year _____ →		\$
also give your estimate of earnings for this year _____ →		\$

**6.** If you answered "Yes" to question 6 on the reverse, complete the information below.

(a) Date child left (Month-Day-Year)	(b) Date child returned (Month-Day-Year)	(c) Name of child
(d) Reason for absence		
(e) If the child has not returned, print the address of the child here.		

**REMARKS**

**IMPORTANT:** I declare under penalty of perjury that I have examined all of the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

<b>7.</b>	Signature or mark of beneficiary ( <i>Note: If this form is signed with a mark, a witness must sign below.</i> )	Date
<b>8.</b>	Signature of witness	Date