

REPORTING RESPONSIBILITIES FOR CHILD'S INSURANCE BENEFITS

CHANGES TO BE REPORTED AND HOW TO REPORT

FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAYED AND IN POSSIBLE MONETARY PENALTIES

- You or any child changes the mailing address for checks or residence. To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office.
- Any child's citizenship or immigration status changes.
- Any beneficiary goes outside the U.S.A. for 30 consecutive days or longer.
- Any beneficiary dies or becomes unable to handle benefits.
- Work Changes - On your application you told us

_____ expected total earnings
(Name of Child)
for _____ to be \$ _____
(Year)

_____ (is) (is not) earning
(Name of Child)
wages of more than \$ _____ a month.

_____ (is) (is not) self-
(Name of Child)
employed and rendering substantial services in a trade or business.

(Report AT ONCE if this work pattern changes)

- Custody Change - Report if a child for whom you are filing, or who is in your care dies, leaves your care or custody, or changes address.
- The child age 13 or older has an unsatisfied felony or arrest warrant for more than 30 continuous days for flight to avoid prosecution or confinement, escape from custody, or flight-escape.
- A student, age 18 or over, stops attending school, reduces school attendance below full-time, changes schools, or is paid by an employer to attend school.
- If the worker and stepchild's parent divorce. Benefits are not payable to a stepchild beginning with the month after the month the worker and the stepchild's parent divorce. Promptly return any benefit payment received on behalf of the stepchild for the months after the month the divorce becomes final.
- The child is confined for more than 30 continuous days to a jail, prison, penal institution or correctional facility for conviction of a crime or confined to a public institution by a court order in connection with a crime.

- Change in Marital Status - Marriage, divorce, or annulment of marriage. You must report marriage even if you believe that an exception applies.
- Disability Applicants - In addition to the applicable reporting requirements listed above:

1. The disabled adult child returns to work (as an employee or self-employed) regardless of amount of earnings.
2. The disabled adult child's condition improves.

An agency in your State that works with us in administering the Social Security disability program is responsible for making the disability decision on the child's claim. In some cases, it is necessary for them to get additional information about the child's condition or to arrange for the child to have a medical examination at Government expense.

HOW TO REPORT

You can make your reports by telephone, mail, or in person, whichever you prefer.

If you are awarded benefits, and one or more of the above change(s) occur, you should report by:

- Visiting the section ~~"What You Can Do Online"~~ *"my Social Security"* at our web site at www.socialsecurity.gov;
- Calling us TOLL FREE at 1-800-772-1213;
- If you are deaf or hearing impaired, calling us TOLL FREE at TTY 1-800-325-0778; or
- Calling, visiting or writing your local Social Security office at the phone number and address ~~above~~ *shown on your claim receipt.*

For general information about Social Security, visit our web site at www.socialsecurity.gov.

For those under full retirement age, the law requires that a report of earnings be filed with SSA within 3 months and 15 days after the end of any taxable year in which the child earns more than the annual exempt amount. You may contact SSA to file a report for the child. Otherwise, SSA will use the earnings reported by the child's employer(s) and the child's self-employment tax return (if applicable) as the report of earnings required by law, to adjust benefits under the earnings test. It is your responsibility to ensure that the information you give concerning the child's earnings is correct.

NOTICE ABOUT DOCUMENTS

We recommend that you keep copies of all documents you submitted to us.

We are returning the documents you submitted with this claim.

See Revised Privacy Act
Statement

Privacy Act Statement Collection and Use of Personal Information

~~Sections 202, 205, 223, 1818, 1836, and 1840 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed, or could result in the loss of benefits.~~

~~We will use the information you provide to determine eligibility for monthly benefits or insurance coverage and to authorize payments to the children of retired, disabled, or deceased workers. We may also share your information for the following purposes, called routine uses:~~

- ~~1. To Federal, State, or local agencies (or agents on their behalf) for administering cash or non-cash income maintenance or health maintenance programs (including programs under the Act).~~
- ~~2. To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs. We contemplate disclosing information under this routine use only in situations in which SSA may enter a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.~~
- ~~3. To the Centers for Medicare & Medicaid Services, for the purpose of administering Medicare Part A, Part B, Medicare Advantage Part C, and Medicare Part D.~~

~~In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.~~

~~A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folder System, and 60-0321, entitled Medicare Database (MDB) File. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.~~

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 12 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.
