SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES
(To be completed by or on behalf of person who is, was, or will be outside the U.S.)

For Social Security purposes, a person is outside the United States (U.S.) if he or she is physically outside the 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa for 30 consecutive days or more.

1. NAME OF WORKER ON WHOSE EARNINGS THIS CLAIM IS BASED	2. WORKER'S SOCIAL SECURITY NUMBER

3. Complete line (a) below for the worker (even if deceased). Complete (b) through (d) for each claimant or beneficiary who is not a U.S. citizen, and is outside the U.S., has been outside the U.S. in the past 24 months, or expects to be outside the U.S. for 30 consecutive days or more. Enter only the claimants or beneficiaries living in the same household. Complete a separate form for each household. If you need more space, use the "REMARKS" section on page 4.

FULL NAME	COUNTRY(IES) OF PRESENT CITIZENSHIP (Or at time of death)	PASSPORT NO.	DATE ISSUED
a.			
b.			
c.			
d.			

FOR EACH WORKER LISTED ABOVE, CONTINUE TO LIST INFORMATION REQUESTED BELOW:

WORKER/PERSON LISTED ABOVE	COUNTRY OF BIRTH	DATES OUTSIDE THE U.S.		
		FROM Mo-Day-Yr	TO Mo-Day-Yr	COUNTRY WHERE LIVING
WORKER LISTED ABOVE IN ROW (a.)				
PERSON LISTED ABOVE IN ROW (b.)				
PERSON LISTED ABOVE IN ROW (c.)				
PERSON LISTED ABOVE IN ROW (d.)				

NOTE: ALL PERSONS LISTED ABOVE AND IN THE "REMARKS" SECTION ON PAGE 4, OR THEIR REPRESENTATIVE PAYEES, MUST SIGN THE CERTIFICATION IN ITEM 18.

4. Complete line (a) for the worker (even if deceased). Complete (b) through (d) for each claimant or beneficiary listed in item 3 who is not a U.S. citizen. Do not include the days that residents of Canada or Mexico enter the U.S. on a daily basis to work or visit and return each day to their residence in Canada or Mexico, as dates lived in the U.S. If you need more space, use the "REMARKS" section on page 4.

FULL NAME	TOTAL NUMBER OF YEARS LIVED IN THE U.S.	DATES LIVED IN THE U.S.		
		FROM Mo-Day-Yr	TO Mo-Day-Yr	RELATIONSHIP TO WORKER NAMED IN ITEM 1 DURING THIS PERIOD
a.				
b.				
c.				
d.				

5. Has any person listed in item 3 been employed or self-employed outside the U.S. during any of the past 12 months? If "yes," give name(s) and date(s) work began and submit Form SSA-7163 (available at www.socialsecurity.gov). If you need more space, use the "REMARKS" section on page 4. ☐ YES ☐ NO

NAME	Date (Mo - Yr)	NAME	Date (Mo - Yr)

6.	Does any person listed in item 3 expect to begin employment or self-employment outside the U.S. in the future? If "yes," give name(s) and date(s) work is expected to begin. If you need more space, use the "REMARKS" section on page 4.			☐ YES	☐ NO
	NAME	Date (Mo - Yr)	NAME		Date (Mo - Yr)
7.	Answer item 7 only if the worker named in item 1 is deceased. Did the worker die while in the military service of the U.S. or as a result of disease or injury incurred or made worse while in military service?			☐ YES	☐ NO
8.	Supplementary Medical Insurance generally is payable only for medical services provided inside the U.S. If anyone listed in item 3 is now enrolled in Supplementary Medical Insurance under Medicare and wishes to terminate that enrollment, enter his or her name here. If you need more space, use the "REMARKS" section on page 4.				
	NAME(S)				

The U.S. Internal Revenue Code (IRC) requires the Social Security Administration (SSA) to withhold a 30 percent Federal income tax from 85 percent of monthly retirement, survivors and disability benefits paid to beneficiaries who are neither citizens nor residents of the United States. This results in an effective tax of 25.5 percent of the monthly benefit. SSA must withhold this tax from the benefits of all nonresident aliens except those who are residents of countries that have tax treaties with the U.S. that provide an exemption from this tax, or a lower rate of withholding. Currently these countries are Canada, Egypt, Germany, India, Ireland, Israel, Italy, Japan, Romania, Switzerland, and the United Kingdom. For details and changes regarding income tax treaties, you may check with the Internal Revenue Service.

For Federal income tax purposes, a person can be considered a U.S. resident, even if that person lives outside the United States, if he or she:

- Has not claimed a tax treaty benefit as a resident of a country other than the United States in the same year; AND
- Has been lawfully admitted to the United States for permanent residence and that residence has not been revoked or determined to have been administratively or judicially abandoned; OR
- Meets a substantial presence test as defined by the IRC. To meet this test in a given year, the person must be present in the U.S. on at least 31 days in that year, and a minimum total of 183 days counting all the days of U.S. presence in that year, one-third of the total number of days of U.S. presence in the previous year, and one-sixth of the total number of days of U.S. presence in the year before that. (The IRC defines days of U.S. presence and exclusions for applying the substantial presence test.)

If you are a U.S. resident alien for Federal income tax purposes, generally your worldwide income is subject to U.S. income tax, regardless of where you are living.

COMPLETE ITEMS 9 THROUGH 13 ABOUT ALL PERSONS LISTED IN ITEM 3 WHO ARE NOT U.S. CITIZENS AND WANT TO BE CONSIDERED U.S. RESIDENTS FOR INCOME TAX PURPOSES.

9. Enter below the name of all persons listed in item 3 who believe they will have U.S resident status while living outside the U.S. Also show the number of each person's Permanent Resident Card (sometimes referred to as a Green Card) and the date that card was issued. If any person was not lawfully admitted for permanent residence, show "None" and explain why he or she is a U.S. resident in the "REMARKS" section on page 4.

NAME	PERMANENT RESIDENT CARD (GREEN CARD) NUMBER	DATE CARD WAS ISSUED

10. Enter the name(s) of any person(s) listed in item 9 who has ever notified the U.S. government, by letter or formal application, that he or she has abandoned, or wishes to abandon, his or her U.S. residence status, or has commenced to be treated as a resident of a foreign country under the provisions of a tax treaty between the U.S. and the foreign country.

NAME	Date (Mo-Yr)	NAME	Date (Mo-Yr)

11. Enter the name(s) of any person(s) listed in item 9 whose Permanent Resident Card has been taken away, or who has been notified by the U.S government that his or her U.S. resident status has been taken away. Enter the date of the notice or the date the Permanent Resident Card was taken away.

NAME	Date (Mo-Yr)	NAME	Date (Mo-Yr)

12. Does each person listed in item 9 understand that, as a U.S. resident, his or her worldwide income will be subject to U.S. income tax regardless of where he or she is living? If no, enter the name of each individual who does not understand in the "REMARKS" section on page 4. ☐ YES ☐ NO

13. Does each person listed in item 9 agree to notify SSA promptly if he or she abandons his or her U.S. residence status, or if he or she commences to be treated as a resident of a foreign country under the provisions of a tax treaty between the U.S. and the foreign country? If no, enter the name of each individual who does not agree in the "REMARKS" section on page 4. ☐ YES ☐ NO

14. **INCOME TAX TREATY BENEFITS** Complete this item for any person(s) who intend(s) to claim a reduced rate of Federal income tax withholding under the provisions of an income tax treaty with the U.S. To enter additional person(s), use the "REMARKS" section on page 4.

NAME	TAX TREATY COUNTRY OF RESIDENCE	DATES OF RESIDENCE	
		FROM (Mo-Yr)	TO (Mo-Yr)

15. **PAYMENT ADDRESS** (Where payments should be sent while you are abroad. If your payments are, or will be, sent directly to a bank or other financial institution, do not complete this item. Go to item 16.) If more than one address is required, use the "REMARKS" section below and show names for each address.

NUMBER AND STREET	CITY	POSTAL CODE	COUNTRY

16. **MAILING ADDRESS** (Where your mail should be sent while you are abroad. If it is the same as the address in item 15, enter "same as 15" and go to item 17.) If more than one address is required, use the "REMARKS" section on page 4 and show names for each address.

NUMBER AND STREET	CITY	POSTAL CODE	COUNTRY

17. **RESIDENCE ADDRESS** (You must complete this item if you live, or will live, at an address other than the address shown in item 15 or 16. If the address where you live, or will live, is the same as the address in item 15 or 16, enter "same as 15 (or 16 if appropriate)" and go to item 18.) If your payments are not, or will not be, sent directly to a bank or other financial institution and you receive, or will receive, them by mail at an address that is not your residence address, explain the reason in the "REMARKS" section on page 4.

NAME	NUMBER AND STREET	CITY	POSTAL CODE	COUNTRY
a.				
b.				
c.				
d.				

REMARKS (You may use this space for any additions and explanations. If you are giving information for a particular item on this form, enter the item number in your remark. If you need more space, attach a separate sheet.)

CERTIFICATION AND SIGNATURES

I agree to notify the Social Security Administration promptly if I (or any person for whom I receive benefits) become employed or self-employed while outside the United States, change citizenship, or go (for 30 days or more) to any country other than that indicated in item 17. I also agree to return any payments which are not due.

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. 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.

18.	**SIGNATURE** (FIRST NAME, MIDDLE INITIAL, AND LAST NAME) OF EACH PERSON LISTED IN ITEM 3. REPRESENTATIVE PAYEES MUST SIGN FOR MINORS AND FOR INCAPABLE OR INCOMPETENT ADULTS. (***Write in ink)***	DATE	TELEPHONE NUMBER WHERE YOU MAY BE CONTACTED DURING THE DAY
	a.		
	b.		
	c.		
	d.		

Witnesses are required only if this application has been signed by mark (X) in item 18.
If signed by mark (X), two witnesses who know the signer(s) must sign below, giving their full addresses.

19.	(1) SIGNATURE OF WITNESS			(2) SIGNATURE OF WITNESS		
	ADDRESS (NUMBER AND STREET)			ADDRESS (NUMBER AND STREET)		
	CITY	POSTAL CODE	COUNTRY	CITY	POSTAL CODE	COUNTRY

PRIVACY ACT STATEMENT

Sections 202(t), 203, 205, and 1838(b) of the Social Security Act and sections 871(a)(3) and 1441 of the Internal Revenue Code, 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 us from making an accurate and timely decision on any claim filed or could result in the loss of benefits.

We will use the information to determine eligibility for benefits. We also use the form to determine nonresident alien tax withholding status. We may also share your information for the following purposes, called routine uses:

1. To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs. we will disclose information under this routine use only in situations in which SSA may enter into an contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records; and

2. To the Centers for Medicare and Medicaid Services, for the purpose of administering Medicare Part A, Part B, Medicare Advantage Part C, and Medicare Part D, including but not limited to: Medicare Part C enrollment and premium collection processes; Part D enrollment and premium collection processes; Medicare Part B premium reduction based on participation in a Part C plan and Medicare Part B enrollment and income-related monthly adjustment amount determinations, appeals of determinations, and premium collection.

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 verity 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 Notices (SORN) 60-0089, entitled Claims Folders Systems, 60-0090, entitled Master Beneficiary Record, and 60-0321, entitled Medicare Database. Additional information and full listing of all our SORNs are available on our website at www.ssa.gov/privacy/sorn.html.

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. The OMB number for this collection is 0960-0051. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE**. You can find your local Social Security office through SSA's website **www.socialsecurity.gov.** Offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778)**.** ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***