

**ADVANCE DESIGNATION OF REPRESENTATIVE PAYEE  
BENEFICIARIES AND APPLICANTS RECEIPTS**

**SOCIAL SECURITY ADMINISTRATION NOTICE  
CLEARANCE PACKAGE**

## Table of Contents

### Contents

<b>Section 1 .....</b>	<b>3</b>
<b>BACKGROUND .....</b>	<b>3</b>
<b>Section 2 .....</b>	<b>5</b>
<b>ADVANCE DESIGNATION OF REPRESENTATIVE PAYEE RECEIPTS FOR INITIAL SUBMISSION AND UPDATES .....</b>	<b>5</b>
<b>Section 3 .....</b>	<b>9</b>
<b>ADVANCE DESIGNATION OF REPRESENTATIVE PAYEE RECEIPTS FOR INITIAL SUBMISSION AND UPDATES .....</b>	<b>9</b>
*F1 FO Address .....	11
*F2 Date .....	11
*F3 BNC# .....	11
*F4 BENEFICIARY/APPLICANT NAME .....	11
*F5 Beneficiary/Applicant Address .....	11
*F6 Date of Designation/updated .....	11
*F7: 001 Name of Designee/002 Name of Designee/003 Name of Designee .....	11
*F8: 001 Designee Phone Number/002 Designee Phone Number/003 Designee Phone Number .....	11
*F9: 001 Relationship/002 Relationship/003 Relationship .....	11
<b>Section 4 .....</b>	<b>13</b>
<b>ADVANCE DESIGNATION OF REPRESENTATIVE PAYEE RECEIPTS FOR WAIVER OR WITHDRAWAL .....</b>	<b>13</b>
<b>Section 5 .....</b>	<b>16</b>
<b>ADVANCE DESIGNATION OF REPRESENTATIVE PAYEE RECEIPTS FOR WAIVER OR WITHDRAWAL .....</b>	<b>16</b>
*F1 FO Address .....	17
*F2 Date .....	17
*F3 BNC# .....	17
*F4 BENEFICIARY/APPLICANT NAME .....	17
*F5 Beneficiary/Applicant Address .....	17
*F6 Date of Submission .....	17

**Section 1**  
**BACKGROUND**

## BACKGROUND

On April 13, 2018, the President signed [H.R. 4547, “The Strengthening Protections for Social Security Beneficiaries Act of 2018”](#) into law. Section 201 of the law allows claimants and beneficiaries to designate one or more individuals to serve as a representative payee should they need one in the future and requires the Social Security Administration (SSA) to select the designated individual (with certain exceptions). SSA will provide this option to beneficiaries receiving Title 2, Title 8, and Title 16 benefits and applicants during an initial claim for these programs. Only adults age 18 and over and emancipated minors can advance designate as long as they do not have a representative payee or have a pending representative payee application in process.

SSA will collect the minimum information needed to help the agency contact the designated individuals in the future. The beneficiary may waive, withdraw, update information, or change the order of priority of the advance designee(s) at any time.

As part of the business process, SSA will provide the applicants and beneficiaries with a receipt for each transaction. This may result in approximately 59 million receipts issued annually to applicants and beneficiaries.

**Section 2**  
**ADVANCE DESIGNATION OF REPRESENTATIVE PAYEE**  
**RECEIPTS FOR INITIAL SUBMISSION AND UPDATES**

Social Security Administration  
 Receipt for Advance Designation of Representative Payee

SOCIAL SECURITY  
 123 MAIN STREET  
 CITY ST 99999  
 Date: 03/27/2019  
 BNC#:XXAXXXXAXXXXX

JOHN DOE  
 10230 RICHARDSON DRIVE  
 ORLANDO FL, 22222

SNO Options (generated if the individual has a SNO option)  
 SNO015  
 SNO016

ADVANCE DESIGNATION OF REPRESENTATIVE PAYEE FOR JOHN DOE.

On March 25, 2019, you gave us your advance designation of representative payee information. This letter gives you more information about your designation.

If you become unable to manage or direct the management of your benefits, we will select a representative payee to receive and manage your benefits for you. Advance designation lets you provide names of people who could serve as your representative payee. If the time comes that you need someone to manage your benefits, we may select one of your advance designees as your representative payee. We will consider your advance designees in your order of priority with certain exceptions. To be appointed representative payee, an individual must be able and willing to serve and must meet our selection requirements.

Below is a list of the one or more designees you provided, in your order of priority, to serve as your representative payee. Please take some time to review the information for accuracy:

Order of Priority	Name of Designee	Telephone Number	Relationship
1	John Doe	xxx-xxx-xxxx	Son
2	Jane Doe	xxx-xxx-xxxx	Spouse
3	Joe Public	xxx-xxx-xxxx	Friend

You can contact us to make the following changes to your designees:

- Add or remove a designee,
- Update the designee's information,
- Change the order of priority, or
- Withdraw your advance designation of representative payee.

**If You Have Questions (REFC07)**

REF002 (foreign)

REF003 (domestic)

REF008 (no FO generated by zip)

Social Security Administration

**PRIVACY ACT STATEMENT**  
**Collection and Use of Personal Information**

Section 205(j) of the Social Security Act, as amended, allows 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 selecting the representative payee(s) you designate to act on your behalf.

We will use the information to maintain your advance designation of representative payee(s). We may also share your information for the following purposes, called routine uses:

- We may disclose information to contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (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; and
- To third party contacts in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage his or her affairs or his or her eligibility for or entitlement to benefits under the Social Security program.

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 Folders System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

**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 6 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.***



**Section 3**  
**ADVANCE DESIGNATION OF REPRESENTATIVE PAYEE**  
**RECEIPTS FOR INITIAL SUBMISSION AND UPDATES**

Social Security Administration  
 Receipt for Advance Designation of Representative Payee

SOCIAL SECURITY

\*F1 FO Address

\*F2 Date

\*F3 BNC#

\*F4 BENEFICIARY/APPLICANT NAME

\*F5 Beneficiary/Applicant Address

SNO Options (generated if the individual has a SNO option)

SNO015

SNO016

ADVANCE DESIGNATION OF REPRESENTATIVE PAYEE FOR \*F4  
 BENEFICIARY/APPLICANT NAME

On \*F6 Date of Designation you gave us your advance designation of representative payee information. This letter gives you more information about your designation.

If you become unable to manage or direct the management of your benefits, we will select a representative payee to receive and manage your benefits for you. Advance designation lets you provide names of people who could serve as your representative payee. If the time comes that you need someone to manage your benefits, we may select one of your advance designees as your representative payee. We will consider your advance designees in your order of priority with certain exceptions. To be appointed representative payee, an individual must be able and willing to serve and must meet our selection requirements.

Below is a list of the one or more designees you provided, in your order of priority, to serve as your representative payee. Please take some time to review the information for accuracy:

Order of Priority	Name of Designee	Telephone Number	Relationship
1	*F7-001 Name of Designee	*F8-001 Designee Phone Number	*F9-001 Relationship
2	*F7-002 Name of Designee	*F8-002 Designee Phone Number	*F9-002 Relationship
3	*F7-003 Name of Designee	*F8-003 Designee Phone Number	*F9-003 Relationship

You can contact us to make the following changes to your designee:

- Add or remove a designee,
- Updated the designee's information,
- Change the order of priority, or
- Withdraw your advance designation of representative payee.

**If You Have Questions (REFC07)**

REF002 (foreign)

REF003 (domestic)

REF008 (no FO generated by zip)

Social Security Administration

\*F1 FO Address

\*F2 Date

\*F3 BNC#

\*F4 BENEFICIARY/APPLICANT NAME

\*F5 Beneficiary/Applicant Address

\*F6 Date of Designation/updated

\*F7: 001 Name of Designee/002 Name of Designee/003 Name of Designee

\*F8: 001 Designee Phone Number/002 Designee Phone Number/003 Designee Phone Number

\*F9: 001 Relationship/002 Relationship/003 Relationship

## **PRIVACY ACT STATEMENT**

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We will use the information to maintain your advance designation of representative payee(s). We may also share your information for the following purposes, called routine uses:

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- To third party contacts in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage his or her affairs or his or her eligibility for or entitlement to benefits under the Social Security program.

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.

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**Section 4**  
**ADVANCE DESIGNATION OF REPRESENTATIVE PAYEE**  
**RECEIPTS FOR WAIVER OR WITHDRAWAL**

Social Security Administration  
Important Information

SOCIAL SECURITY  
123 MAIN STREET  
CITY ST 99999  
Date: 03/27/2019  
BNC#:XXAXXXAXXXXX

JOHN DOE  
10230 RICHARDSON DRIVE  
ORLANDO FL, 22222

SNO Options (generated if the individual has a SNO option)  
SNO015  
SNO016

**WAIVER OF ADVANCE DESIGNATION OF REPRESENTATIVE PAYEE FOR JOHN DOE**

On March 25, 2019, you waived your advance designation of representative payee.

Advance designation of a representative payee allows you to provide us with the name of one or more people, in your order of priority, to serve as your representative payee. If you are unable to manage or direct the management of your benefits, we will select a representative payee to receive and manage your benefits for you.

Please contact us if you decide to participate in advance designation of representative payee in the future.

**If You Have Questions (REFC07)**

REF002 (foreign)  
REF003 (domestic)  
REF008 (no FO generated by zip)

Social Security Administration

**PRIVACY ACT STATEMENT**  
**Collection and Use of Personal Information**

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We will use the information to maintain your advance designation of representative payee(s). We may also share your information for the following purposes, called routine uses:

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- To third party contacts in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage his or her affairs or his or her eligibility for or entitlement to benefits under the Social Security program.

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.

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**Section 5**  
**ADVANCE DESIGNATION OF REPRESENTATIVE PAYEE**  
**RECEIPTS FOR WAIVER OR WITHDRAWAL**



Social Security Administration  
Important Information

SOCIAL SECURITY

\*F1 FO Address

\*F2 Date

\*F3 BNC#

\*F4 BENEFICIARY/APPLICANT NAME

\*F5 Beneficiary/Applicant Address

SNO Options (generated if the individual has a SNO option)

SNO015

SNO016

\* WAIVER OF ADVANCE DESIGNATION OF REPRESENTATIVE PAYEE FOR \*F4 BENEFICIARY/APPLICANT NAME.

On \*F7 Date of Submission you waived advance designation of representative payee.

Advance designation of a representative payee allows you to provide us with the name of one or more people, in your order of priority, to serve as your representative payee. If you are unable to manage or direct the management of your benefits, we will select a representative payee to receive and manage your benefits for you.

Please contact us if you decide to participate in advance designation of representative payee in the future.

**If You Have Questions (REFC07)**

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REF003 (domestic)

REF008 (no FO generated by zip)

Social Security Administration

\*F1 FO Address

\*F2 Date

\*F3 BNC#

\*F4 BENEFICIARY/APPLICANT NAME

\*F5 Beneficiary/Applicant Address

\*F6 Date of Submission

## **PRIVACY ACT STATEMENT**

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