

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? \longrightarrow	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	b. Print your spouse's name (Last, First, MI) \longrightarrow		
	c. Enter the month and year you married. Show the month and year in numbers. \longrightarrow	MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	d. Does your spouse receive Social Security benefits? \longrightarrow	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	e. Enter your spouse's Social Security number. \longrightarrow	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"/> <input type="text"/>	
2.	a. Do you have children living with you who receive Social Security benefits? \longrightarrow 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. \longrightarrow	MONTH <input type="text"/> <input type="text"/>	DATE <input type="text"/> <input type="text"/>

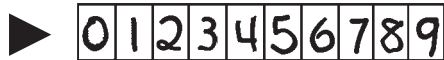
I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

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 1d. If the person to whom you are *currently* married receives Social Security benefits, complete 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.

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) and 205(a) 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 us from making an accurate and timely decision on your continuing eligibility and may result in the loss of benefits.

We will use the information you provide to determine continuing entitlement to benefits. We may also share this information for the following purposes, called routine uses:

- To a congressional office in response to an inquiry from that office made at the request of the subject of a record; and
- To student volunteers and other workers, who technically do not have the status of Federal employees, when they are performing work for the Social Security Administration (SSA), as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned Agency functions.

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 Notices (SORN) 60-0089, entitled Claims Folder Systems, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784 and 60-0090, entitled Master Beneficiary Record, as published in the FR on January 11, 2006, at 71 FR 1826. Additional information, and full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information See Revised PRA Statement ~~requirements of 44 U.S.C. § 3507, as amended by section 101 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.**~~

SSA will insert the following PRA Statement into the form as soon as possible:

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 regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***