Statement for Determining Continuing Entitlement for

Special Veterans Benefits (SVB)								
					FOR SSA USE ONLY			
		Date Sent	Date Sent					
			Date Received	Date Received				
				Processing Of	fice/Re	eviewer		
Please answe	er the questice, answer the	ons on this form as cor questions as they app	npleto	ely as possible. If yo that person.	ou are	filling out this form for		
1. Name of B	eneficiary			;	Social Security Number			
Residence	Address of t	he Beneficiary						
2. Name of R	e Payee (if applicable)		;	Social Security Number				
3. Is the Bene	eficiary decea	ased?						
Yes	Date of Death		If beneficiary is deceased, go to last page, sign, date, and provide your information as requested.					
☐ No	Go to question 4.							
-	first began re n a full calend		an's E	enefits, have you re	eturne	d to the United States for		
If you had	a benefit re	view in the past, pro	vide 1	he information sir	nce the	e last review.		
☐ Yes	Go to 4A.							
☐ No	Go to question 5.							
		•		•		calendar month. Be as ere in the United States.		
		FROM MM-DD-YYYY		TO MM-DD-YYY	Υ			

FROM MM-DD-YYYY	TO MM-DD-YYYY

7. Provide the source and amounts of your benefit income since you began receiving SVB. If you had a benefit review in the past, provide the information since the last review.

No

Go to page 3.

List the source and amount separately in chronological order. If you receive additional income in foreign currency, please list the type and amount of foreign currency. Please attach evidence of all reported income. use the remarks section if you need additional space. Do not list any Social Security payments. List any earned income, pensions or other income you may be receiving.

Source of benefit income	Amount of income and currency type	FROM MM-DD-YYYY	TO MM-DD-YYYY

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REMARKS SPACE: You may use this space for any explanations. If you need more sp separate sheet of paper. If you are continuing an answer to a question, please write the question first.	
IMPORTANT: Anyone who knowingly makes or causes to be made a false statement	ent or

IMPORTANT: Anyone who knowingly makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, or submits or causes to be submitted any false statement or document knowing the same to contain any misrepresentation of material fact, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

Privacy Act Statement Collection and Use of Personal Information

Sections 808 and 810 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 your claim, and could result in the loss of some payments.

We will use the information you provide to determine if you are entitled to continued Special Veteran's Benefits and the correct payment amount. We may also share your information for the following purposes, called routine uses:

- To representative payees, when the information pertains to individuals for whom they serve as
 representative payees, for the purpose of assisting SSA in administering its representative payment
 responsibilities under title VIII and assisting the representative payees in performing their duties as
 payees, including receiving and accounting for benefits for individuals for whom they serve as
 payees; and
- To contractors and other Federal Agencies, as necessary, for the purpose of assisting us in the
 efficient administration of our programs. We will disclose information under this routine use only in
 situations in which we may enter into a contractual or similar agreement to obtain assistance in
 accomplishing an SSA function relating to this system of records.

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 (SORNs) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422; 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the FR on January 11, 2006, at 71 FR 1830; and 60-0273, entitled Social Security Title VIII Special Veterans Benefits Claims Development and Management Information System, as published in the FR on March 14, 2000, at 65 FR 13803. Additional information, and a full listing of all our SORNs, is available on our website at 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 <u>Paperwork Reduction Act of 1995</u>. 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 **20** minutes to read the instructions, gather the facts, and answer the questions. **Send <u>only</u> 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.

REPORTING INSTRUCTIONS FOR SPECIAL BENEFITS FOR WORLD WAR II VETERANS

You must report to the Social Security Administration if:

- You change your mailing address or residence.
- You return to or visit the United States for a calendar month or longer.
- You become unable to manage your benefits.
- · You have been deported or removed from the United States.
- You have an unsatisfied warrant for your arrest for a felony crime in the United States, or in U.S. jurisdictions that do not define crimes as felonies, for a crime that is punishable by death or imprisonment for a term exceeding one year.
- You are in violation of a condition of probation or parole.
- You receive an increase or decrease in a pension, annuity or another recurring payment. Some examples of payments are retirement, workers' compensation, veterans' benefits, or disability benefits.
- You move to another country.
- Your family, representative payee or other knowledgeable person must notify the Social Security Administration if you die.

HOW TO REPORT

If you are outside the United States and have questions or have changes to report, you may contact one of the offices shown below.

- If you live in the Philippines, please call the Social Security Administration at: 632-301-2000 Ext. 9 from 8 a.m. to 3 p.m., Monday through Friday. You may write or visit the Social Security Administration, 1201 Roxas Blvd., Ermita 0930 Manila. You also may e-mail the Social Security Administration in Manila, Philippines at: FBU.Manila@ssa.gov
- If you live in American Samoa, Canada, Guam, Puerto Rico, Samoa or the Virgin Islands, contact the nearest U.S. Social Security office.
- If you live in Mexico, contact the nearest U.S. Social Security office or the nearest U.S. Embassy or consulate.

If you live in any other country, contact the nearest U.S. Embassy or consulate. Visit www.socialsecurity.gov/foreign for a complete list of these offices.

If you are in the United States and have questions, you may visit our website at www.socialsecurity.gov or call us toll-free at 1-800-772-1213. We can answer specific questions from 7 a.m. to 7 p.m., Monday through Friday. We can provide information by automated phone service 24 hours a day.