Form Approved
OMB No. 0960-0105

ADVANCE NOTICE OF TERMINATION OF CHILD'S BENEFITS

NAME AND ADDRESS	SOCIAL SECURITY CLAIM NUMBER – –
	NAME OF CHILD BENEFICIARY TO WHOM THIS STATEMENT APPLIES
	DATE CHILD ATTAINS AGE 18

YOUR BENEFITS WILL AUTOMATICALLY STOP AT AGE 18 UNLESS:

- **You are a full-time student at an elementary or secondary school (a secondary school is a school at or below the high school level), or**
- **You qualify for childhood disability benefits.**

Your benefits will end with the payment for the month before the month in which you attain age 18. You attain age 18 on the day before your 18th birthday. This is important when your birthday is on the first day of the month. For example, if your 18th birthday is June 1, you attain that age on May 31. If you are neither a full-time student nor disabled in May, benefits would not be payable for May. The last benefit check to which you would be entitled would be the one received in May, which represents your payment for April.

FOR YOU TO RECEIVE STUDENT BENEFITS AFTER AGE 18, YOU MUST:

1. **Complete the form, STUDENT'S STATEMENT REGARDING SCHOOL ATTENDANCE (page 2).**
2. **Take the form to the school for a school official to certify the information you provide.**
3. **Leave the form, NOTICE OF CESSATION OF FULL-TIME SCHOOL ATTENDANCE (page 3), with the school official.**
4. **Bring the completed form, STUDENT'S STATEMENT REGARDING SCHOOL ATTENDANCE, to a Social Security office or return it in the enclosed envelope (fold page 2 so the address on back shows through window envelope) prior to the age 18 attainment month shown above.**
5. **For direct deposit, bring or mail a voided check or a copy of a bank statement. Your name must be on the account.**

NOTE: If you mail the form, you will be contacted by a Social Security representative to discuss your rights and responsibilities as a student. This discussion must take place before we can process your student award.

TO RECEIVE CHILDHOOD DISABILITY BENEFITS, YOU MUST CONTACT ANY SOCIAL SECURITY OFFICE AND HAVE THE FOLLOWING INFORMATION:

1. **A history of the disabling condition, including names and addresses of medical record sources (such as doctors and hospitals) and schools attended. If you have worked, you must also furnish work history.**
2. **Your Social Security Number.**

Please keep the attached sheet, INFORMATION ABOUT BENEFITS PAST AGE 18 (page 5), for your records. It contains important information about eligibility for student benefits and reporting responsibilities.

SOCIAL SECURITY ADMINISTRATION

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STUDENT'S STATEMENT REGARDING SCHOOL ATTENDANCE

The information requested on this form is sought pursuant to authority granted by law (42 U.S.C. 402 and 405). While you are not required to respond, your cooperation is needed to confirm your past and/or continuing entitlement to student benefits.

NAME AND ADDRESS

SOCIAL SECURITY CLAIM NUMBER

– –

(For a change or correction of address, line through the old address and insert the new address.)

1. **Current School Attendance**

(a) Are you now in full-time attendance? ☐ Yes ☐ No **(NOTE: If you are completing this form during a summer break period and you were in full-time attendance prior to the break and will continue school in the fall, you should answer YES to question 1(a). You should show the beginning date of the fall semester for question 1(b). See question 2 for past school attendance information.)**

(b) Print School's Name and Address	School Year Began *Month, Day, Year*	School Year Will End *Month, Day, Year*

(c) Type of School Program ☐ High School ☐ Home School ☐ GED ☐ Technical ☐ Vocational ☐ Other *(Specify):*

(d) Show the numbers of hours per **week** you are scheduled to attend _____) *Hours*

(e) Show your **EXPECTED** graduation date from **SECONDARY** school **(e.g., high school)** _____ *Month, Year*

(f) What months between now and your expected graduation will you not be in full-time attendance for the **full** month? (For example, months of summer vacation) _____)

2. **Last School Year**

PAST DATES OF ATTENDANCE

(a) Print School's Name and Address	School Year Began *Month, Day, Year*	School Year Ended *Month, Day, Year*

(b) Type of School Program ☐ High School ☐ Home School ☐ GED ☐ Technical ☐ Vocational ☐ Other *(Specify):*

(c) Show the numbers of hours per **week** you were scheduled to attend _____) *Hours*

3. Are you disabled? ☐ Yes ☐ No

4. Are you married? ☐ Yes ☐ No ***(If yes, show the date you were married)*** _____) *Month, Day, Year*

5. (a) Do you expect to earn more than _____ in year _____ ? ☐ Yes ☐ No
(b) IF YES, how much do you expect your total earnings to be in year _____ ? $ _____
(c) Enter the first month you expect to earn over _____ in year _____. _____) *Month, Year*

6. Are you being paid by your employer to attend school? ☐ Yes ☐ No

7. Do you have a bank account? ☐ Yes ☐ No
(If yes, attach a voided check or copy of a savings account statement to this form. ***Student's name must be on the account.)***

I understand that SSA will use the earnings reported to SSA by my employer(s) and my self-employment tax return (if applicable) as the report of earnings required by law and adjust benefits under the earnings test. I also understand that it is my responsibility to ensure that the information I give SSA concerning my earnings is correct. I also understand that I must furnish additional information as needed when my benefit adjustment is not correct based on the earnings on my record.

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. 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. I also certify that I have read the detachable information sheet. I authorize my school to disclose to the Social Security Administration any information concerning my status as a student as it pertains to past, current, or future Social Security student benefits.

SIGNATURE OF STUDENT

SIGN HERE ___)	First Name, Middle Initial, Last Name *(Write in ink)*	Mailing Address	
Student's Own Social Security Number – –		Telephone No. (Area Code) ( ) –	Date

CERTIFICATION BY SCHOOL OFFICIAL 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.

1) All information entered in items 1 and 2 is correct according to the school's records. _____) ☐ Yes ☐ No
2) Is the school's course of study at least 13 weeks' in duration? ☐ Yes ☐ No

SCHOOL OFFICIAL SIGNS ___)	School Official's Signature	Title	Telephone No. (Area Code)	Date
			( ) –	

SCHOOL SHOULD DETACH AND RETAIN THIS FORM

SOCIAL SECURITY ADMINISTRATION

Field Office Name and Address

Form Approved
OMB No. 0960-0105

NOTICE OF CESSATION OF FULL-TIME SCHOOL ATTENDANCE

NAME OF SOCIAL SECURITY BENEFICIARY	DATE OF BIRTH	SOCIAL SECURITY CLAIM NUMBER – –
STUDENT'S SOCIAL SECURITY NUMBER – –	INDIVIDUAL IDENTIFIED ABOVE CEASED TO BE A FULL-TIME STUDENT AT THIS SCHOOL ON _____)	*Month, Day, Year*
NAME AND ADDRESS OF SCHOOL	REASON: ☐ 1. Withdrawal, suspension or expulsion ☐ 2. Changed to PART-TIME status ☐ 3. Failed to continue in full-time attendance at start of new term (or new school year) ☐ 4. Other (Explain)	
	SIGNATURE (or facsimile) OF SCHOOL OFFICIAL	
	TITLE	DATE

IMPORTANT INFORMATION ABOUT THIS FORM

One of the conditions a child between 18 and 19 must meet to receive Social Security benefits is that he/she be a full-time student. ***For Social Security purposes, a student in "full-time attendance" is one who is attending an elementary or secondary school, and is enrolled in a day or evening non-correspondence course of at least 13 weeks' duration. In addition, the student must be scheduled to attend at the rate of at least 20 hours weekly, and be carrying a subject load which is considered full-time for day students under the school's standards and practices.*** This form contains the name, date of birth, and Social Security claim number of a child beneficiary who tells us that he/she is (or will be when school resumes) a full-time student at your school.

Please hold this form until the student is no longer a full-time student at your school (whether this is during the current school year, at the start of the next school year, or any time after that). Then, enter the date he/she stopped being a full-time student, check the appropriate box above and return the completed form to the Social Security office shown above. **You should not return the form to report graduation or to report that attendance stopped for a scheduled break (e.g., summer break) unless the student is not expected to return from a break.**

If there is any question as to whether a student's attendance is full or part-time, please apply the usual criteria followed by your school. You should not complete the form for a student who completes one school year as a full-time student unless he/she does not return, or indicates that he/she will not return, to full-time attendance at the beginning of the next school year.

The people in your Social Security office will be glad to help you with any questions concerning these forms or any other questions you have about Social Security. **For more information, please see: www.socialsecurity.gov/schoolofficials/.**

Thank you for your cooperation.

PRIVACY ACT/PAPERWORK REDUCTION ACT NOTICE

The Social Security Administration is authorized to collect information about school attendance under sections 202(d) and 205(a) of the Social Security Act, as amended (42 U.S.C. 402 and 405). While completing this form is voluntary, failure to provide all or part of this information is cause for suspension of benefit payments. The information on this form may be disclosed by the Social Security Administration to another person or agency for the following purposes: (1) to assist the Social Security Administration in establishing the student's right to Social Security benefits, (2) to help with statistical research and audits necessary to assure the integrity and improvement of the Social Security programs, and (3) to comply with laws requiring or allowing the exchange of information between the Social Security Administration and another agency. This information will be used to verify full-time attendance in school, and to determine continuing eligibility to student benefits.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you give us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT: This information collection meets the clearance 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 control number. We estimate that it will take you about 2 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401.* ***Only comments relating to our time estimate should be provided, not the completed form.***

STUDENT SHOULD DETACH AND KEEP THIS INFORMATION FOR FUTURE REFERENCE

INFORMATION ABOUT BENEFITS PAST AGE 18

If you qualify for Social Security benefits because you are a full-time student, you can start receiving benefits as early as age 18 and usually through the month you graduate from secondary school, or the month before age 19, whichever is earlier. Your benefits will be paid in your own name beginning at age 18, either by direct deposit or by mail. Generally, we consider you to be a full-time student if you are in full-time attendance at a school that provides education at the secondary (grade 12) level or below. Full-time attendance means you are scheduled to attend classes at the rate of 20 hours per week, or at the rate determined by your school to be full-time.

INFORMATION ABOUT BENEFITS PAST AGE 19

Your benefits may continue past age 19 if you are in actual full-time attendance at a school that provides elementary or secondary education in the month you become age 19. If the school operates on a yearly basis, then payment may be continued after age 19 up through the earlier of (1) the month you complete the course in which you are enrolled full-time or (2) the second month after the month you become age 19. If the school requires re-enrollment on other than a yearly basis, benefits may continue through the month ending the term that is in progress when you become age 19. If you believe this situation applies to you, contact any Social Security office for assistance. Note that payments beyond age 19 cannot be made if you become age 19 in a month of nonattendance (for example, you become age 19 in a month when you are on summer vacation).

IMPORTANT RESPONSIBILITIES

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF:

YOU MARRY

YOU STOP ATTENDING SCHOOL

YOU REDUCE YOUR SCHOOL ATTENDANCE BELOW FULL-TIME

YOU CHANGE SCHOOLS

YOU ARE PAID BY YOUR EMPLOYER TO ATTEND SCHOOL (at the request of or as a requirement of your employer)

YOU ARE CONVICTED OF A CRIME

Your benefits may end if any of the above occur. You must report each of these events even if you believe your benefits should not end. We will tell you about how your benefits may be affected.

YOU SHOULD ALSO NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF:

YOU MOVE OR CHANGE YOUR MAILING ADDRESS

YOUR ESTIMATED EARNINGS FROM WORK CHANGE

When you are awarded Social Security benefits as a student, you will receive a booklet that further covers your responsibilities. It is important for you to read that booklet.

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We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

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