

REPORT TO THE UNITED STATES SOCIAL SECURITY ADMINISTRATION

**IMPORTANT: FAILURE TO COMPLETE AND RETURN THIS FORM WITHIN 60 DAYS WILL RESULT IN SUSPENSION OF BENEFITS. SIGN AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE. SEE INSTRUCTIONS ENCLOSED.**

1. Print your address here <b>only</b> if it is different from the one shown below.	2. Telephone number at which you may be contacted during the day.
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**IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE TURN THIS FORM OVER AND CONTINUE ON THE BACK. YOU MUST SIGN YOUR NAME IN ITEM 7 ON THE BACK OF THIS FORM.**

		YES	NO
3.	Has there been a change in your citizenship or your country of residence that you have not yet reported to SSA?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you married or had a divorce or annulment since you last reported your marital status to SSA?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did you work for someone else or were you self-employed (i.e. did you own a business or farm) since your last report of work to SSA?	<input type="checkbox"/>	<input type="checkbox"/>
Answer Question 6 only if you are the parent of a child under age 16 or disabled and you receive Social Security benefits because you have this child in your care.			
6.	Did you and the child live apart since you last reported the child's living arrangements to SSA?	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER REPORTABLE EVENTS**

In addition to the events listed on this form, you are responsible for reporting any other event that may affect benefit payments.

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS ON THE OTHER SIDE OF THIS FORM, YOU MUST COMPLETE THE CORRESPONDING BLOCK(S) BELOW. IF YOU ANSWERED "NO" TO ALL OF THE QUESTIONS ON THE OTHER SIDE OF THE FORM, YOU SHOULD GO TO ITEM 7, SIGN, DATE AND RETURN THE FORM.

3. If you answered "Yes" to question 3 on the other side, complete the information below.		
(a) Country of new citizenship	(c) Date acquired (MM/DD/YYYY)	
(b) Current country of residence	(d) Date of change (MM/DD/YYYY)	
4. If you answered "Yes" to question 4 on the other side, complete the information below.		
(a) <input type="checkbox"/> Marriage	(b) <input type="checkbox"/> Divorce	(c) <input type="checkbox"/> Annulment
		(d) Enter date event occurred (MM/DD/YYYY)
5. If you answered "Yes" to question 5 on the other side, complete the information below.		
(a) Check one <input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed	(b) Date work began (MM/DD/YYYY)	(c) If ended, enter date work stopped (MM/DD/YYYY)
(d) List each month that you worked 45 hours or less ( <i>Explain in "Remarks"</i> )		
(e) Was this work done in the United States or did you pay United States Social Security taxes on earnings from this work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) If you answered "Yes to (e) above enter your total earnings for: the year before last and last year also give your estimate of earnings for this year		\$ _____ \$ _____ \$ _____
6. If you answered "Yes" to question 6 on the other side, complete the information below.		
(a) Date child left (MM/DD/YYYY)	(b) Date child returned (MM/DD/YYYY)	(c) Name of child
(d) Reason for absence		
(e) If the child has not returned, print the address of the child here.		

**REMARKS**

**IMPORTANT:** I declare under penalty of perjury that I have examined all of 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.

7. Signature or mark of beneficiary ( <i>Note: If this form is signed with a mark, a witness must sign below</i> ).	Date
8. Signature of witness	Date

## Privacy Act Statement Collection and Use of Personal Information

Sections 203, 205, and 1631 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 any claim filed.

We will use the information to determine continued eligibility for benefits and to monitor representative payee performance. We may also share your information for the following purposes, called routine uses:

- To Department of State and its agents for administering the Social Security Act in foreign countries through facilities and services of that agency; and
- To agencies or entities with responsibility for investigating or addressing possible financial exploitation of, an immediate health or safety threat to, or other serious risk to the well-being of the beneficiary, for referral, when these issues are identified during a representative payee review.

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, and 60-0320, entitled Electronic Disability Claim File, as published in the FR on December 22, 2003, at 68 FR 71210. 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 control number. We estimate that it will take about 20 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.**