

REPORT TO UNITED STATES SOCIAL SECURITY ADMINISTRATION
BY PERSON RECEIVING BENEFITS FOR A CHILD OR FOR AN ADULT UNABLE TO HANDLE FUNDS
IMPORTANT: FAILURE TO COMPLETE AND RETURN THIS FORM WITHIN 60 DAYS WILL RESULT IN A
SUSPENSION OF BENEFITS. SIGN AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE.
SEE INSTRUCTIONS ENCLOSED.

1. Print your address here only if it is different from the one shown below.

2. Telephone number at which you may be contacted during the day.

TELEFONO O CELULAR (incluya indicativo)

011-57- 2 - 123-4567

NOMBRE DEL REPRESENTANTE

* NOMBRE DEL BENEFICIARIO/ DIRECCION COMPLETA

HOMERO SIMPSON FOR BART SIMPSON

NUMERO DEL SEGURO SOCIAL

CALLE 1010 #2020-3030

(por el cual recibe beneficios)

LETICIA, AMAZONAS

123-45-6789 (C)

COLOMBIA

IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS 3 THROUGH 8 BELOW, PLEASE TURN THIS FORM OVER AND CONTINUE ON THE BACK. YOU MUST SIGN YOUR NAME IN ITEM 11 ON THE BACK OF THIS FORM

	YES	NO
3. Has anyone for whom you receive benefits changed his/her citizenship or country of residence in the past 15 months? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
4. Has anyone for whom you receive benefits married, had a divorce (or annulment) or died in the past 15 months? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the parent (natural, adoptive or stepparent) of any child for whom you receive benefits died, married or had a divorce (or annulment) in the past 15 months? (It is not necessary that the parent have been receiving benefits.) _____ →	<input type="checkbox"/>	<input type="checkbox"/>
6. Did anyone for whom you receive benefits work for someone else or own a business or farm in the past 15 months? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
7. Did any person for whom you receive benefits live apart from you during any of the past 15 months? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you give the Social Security checks or the full amount of the benefits to another person (for example, the beneficiary's custodian or the beneficiary himself) during the past 15 months? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
9. Were all Social Security benefits received during the past 15 months used for the beneficiary and/or held for the beneficiary? _____ → If "No", explain in "Remarks" on the back of this form what was done with the benefits.	<input type="checkbox"/>	<input type="checkbox"/>

10. A. Show the manner in which any amounts not used for the beneficiary are being held:
 Bank Account Other If "Other", explain in "Remarks" on the back of this form.

B. Show the Title or Ownership of the Account:

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.

(For SSA Use Only)
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