7162

SOCIAL SECURITY ADMINISTRATION

FORM APPROVED
OMB NO. 0960-0049

REPORT TO 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 **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 PENSIONADO / DIRECCION COMPLETA **HOMERO SIMPSON** **CALLE 1010 #2020-3030** **LETICIA, AMAZONAS** **COLOMBIA**	NUMERO DEL SEGURO SOCIAL (por el cual recibe beneficios) 123-45-6789

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? →	☐	☐
4. Have you married or had a divorce or annulment since you last reported your marital status to SSA? →	☐	☐
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? →	☐	☐
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? →	☐	☐

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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SSN

PAPERWORK ACT AND PRIVACY ACT NOTICE

The information requested on this form is sought pursuant to the authority granted in 42 U.S.C. 403(c) 403(g), 405(a) and 405(j). Your response to the questions on this form is required for you to continue to receive benefits. Failure to report those events which can cause suspension of benefits may cause the loss of additional benefits.

The information provided will be used to confirm past and continuing entitlement to benefits and may be disclosed by SSA to another governmental agency for the following purposes: (1) to assist SSA in establishing the right of an individual to Social Security coverage and/or benefits; (2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs; (3) to comply with Federal laws requiring the exchange of information between SSA and another agency; and (4) to comply with Freedom of Information Act (5 U.S.C. 552).

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 provide 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 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 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001, U.S.A. **Send only comments relating to our time estimate to this address, not the completed form.**

Continued on the Reverse →