FORM APPROVED OMB NO. 0960-0049

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 only if it is different from the one she Escriba su direccion aqui solo si es diferente a la que muestra	#•	Эе			
	ME AND COMPLETE ADDRESS OF BENEFICIARY MBRE DEL PENSIONADO / DIRECCION COMPLETA	SOCIAL SECURITY NUMBER NUMERO DEL SEGURO SOCIAL				
	IF YOU ANSWER "YES" TO ANY OF THE QUESTIO CONTINUE ON THE BACK. YOU MUST SIGN YOU	ONS BELOW, PLEASE TURN THIS FORM OVER AND JR NAME IN ITEM 7 ON THE BACK OF THIS FORM.				
3.		YES NO				
<i>J</i> .	Has there been a change in your citizenship or your on not yet reported to SSA?	country of residence that you have				
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?					
An	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 reporte to SSA?	ed the child's living arrangements				
OTH	IER REPORTABLE EVENTS	(For SSA Use Only)				
In addition to the events listed on this form, you are						
responsible for reporting any other event that may affect benefit payments.		SSN				
Privacy Act Statement/Collection and Use of Personal Information-		records with those of other Federal, State, or local government agencies. Information from these matching programs can be used to				
The United States Code of Federal regulations (42 U.S.C § 403(c), 403(g), 405(a) and 405(j)) authorize us to collect the information on this form. The information you provide will be used to determine if we can continue to pay you Social Security benefits. Your response is		agencies: information from these miaching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.				
voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on your claim, or could result in the loss of benefits.		A complete list of routine uses for this information is contrained in our System of Records Notice 60-0069 (Claimes Folders System). Additional information regarding this form and our other system of records notices and Social Security programs are available from our				

We rarely use the information provided on this form for any purpose other than for determining the continued entitlement to benefit payments. However, in accordance with 5 U.S.C. § 522a(b) of the Privacy Act, we may disclose the information provided on this form (1) to enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to make determinations for eligibility in similar health and income maintenance programs at the Federal, State and local level; (3) to comply with Federal laws requiring the disclosure of the information from our records; and (4) to facilitate statistical research, audit or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our Internet website at www.socialsecurity.gov or at any U.S. Embassy, consulate, VARO or U.S. 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 5401 Security Blvd, Baltimore, MD 21235-6401 USA. Send only comments relating to our time estimate to this address, not the completed form.

IF YOU HAVE 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 reverse, complete the information below.

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3.	If you answered "Yes" to question 3 on the reverse, complete the information below.				
	(a) Country of new citizenship	Date acquired (Month-Day-Year)			
	(b) Current country of residence	Date of change (Month-Day-Yea	ar)		
4.	If you answered "Yes" to question 4 on the reverse, complete the information below.				
	(a) Marriage (b) Divorce (c) Annulment	(d) Enter date event occurred (Month-Day-Year)			
<u>5.</u>	5. If you answered "Yes" to question 5 on the reverse, complete the information below.				
	(a) Check one (b) Date work began Employee Self- Employed (Month-Day-Year)	(c) If ended, enter date work stoppe (Month-Day-Year)	d		
	(d) List each month that you worked 45 hours or less (Explain in "Remarks")				
	(e) Was this work done in the United States or did you pay United States Social Security taxes on earnings from this work?	☐ Yes ☐	No		
	(f) If you answered "Yes" to (e) above, enter your total earnings for: the year before last	\$			
	last year	\$			
	your estimate of earnings for this year	\$			
6.	If you answered "Yes" to question 6 on the reverse, complete the information	on below.			
	(a) Date child left (b) Date child returned (C) Name of child (Month-Day-Year)				
	(d) Reason for absence				
	(e) If the child has not returned, print the address of the child here.				
REI	MARKS				
acc any	ORTANT: I declare under penalty of perjury that I have examined all ompanying statements or forms, and it is true and correct to the besone who knowingly gives a false or misleading statement about a material econe else to do so, commits a crime and may be sent to prison, or in the cone else to do so, commits a crime and may be sent to prison, or in the cone else to do so, commits a crime and may be sent to prison, or in the cone else to do so, commits a crime and may be sent to prison, or in the cone else to do so, commits a crime and may be sent to prison, or in the cone else to do so, commits a crime and may be sent to prison, or in the cone else to do so, commits a crime and may be sent to prison, or in the cone else to do so, commits a crime and may be sent to prison, or in the cone else to do so, commits a crime and may be sent to prison, or in the cone else to do so.	st of my knowledge. I understand a aterial fact in this information, or o	that		
7.	Signature or mark of beneficiary (Note: If this form is signed with a mark, a		Date / FECHA		
8.	Signature of witness		Date		