Beneficiary Recontact Report

Social Security Administration, P.O. Box 5888, Wilkes-Barre, PA 18767-5888

BENEFICIARY'S NAME AND ADDRESS	FORM DATE		SOCIAL SECURITY NUMBER	BIC
	BENEFICIARY			
	RQC	DOEC	PC	TYPE

WHAT YOU NEED TO DO:

Please read the enclosed instructions before you complete this report. Then complete this report and send it to us in the enclosed envelope within 30 DAYS. IF YOU DO NOT RETURN IT PROMPTLY, WE WILL STOP SENDING CHECKS TO YOU.

1.

a. Are you married? ⟶ YES ☐ NO ☐

b. Enter the month and year you married. Show the month and year in numbers. ⟶ MONTH ☐☐ YEAR ☐☐
   Example May 1990 ➤ 05 90

c. Is your spouse receiving Social Security benefits? ⟶ YES ☐ NO ☐

d. Enter the Social Security claim number in which your spouse receives benefits? ⟶ SOCIAL SECURITY NUMBER ☐☐☐ - ☐☐ - ☐☐☐☐

e. Print your spouse's name ⟶

2.

a. Do you have children who receive Social Security benefits living with you? ⟶ YES ☐ NO ☐

   Answer YES if the child:
   - lives with you, OR
   - is temporarily away, for example at camp, school, or visiting a relative, and you expect the child to return, OR
   - does not live with you but you make the important decisions about the child's welfare.

b. Enter the date the child stopped living with you. Show the month, day, and year in numbers ⟶ MONTH ☐☐ DATE ☐☐ YEAR ☐☐

SIGN HERE ▶

Day Time Telephone Number(s) (Include Area Code)

(_ _ _) _ _ _ - _ _ _ _
Area Code

Date Signed

Form SSA-1588-SM (4-2002)