**T2R Change of Address (COA) Notice**

**BACKGROUND**

This notice informs the beneficiary or representative payee to contact us if they did not change their address.

We are updating gender-specific language to gender-inclusive language in the following notice.

**Notice Type:** T2RChange of Address

**Notice System(s)**: Customer Communications Management (CCM)

#

Current notice

# Social Security Administration

# Retirement, Survivors, and Disability Insurance

Change of Address Confirmation

Social Security Administration

P.O. Box 32905

Baltimore, MD 21241-2905 **[HDR026]**

**[MESH06]**

**[SSAH30]**

**[Optional: SNO002 and SNO004]**

**[COA014]**

Thank you for notifying us about your change of address. We have updated **[\*F1]** Social Security record. We are sending this letter to the address we previously had on file for you. We are doing this so we can make sure that you were the one who reported the address change. We will send any future letters to the new address. If you reported an address change, you do not need to respond to this letter.

**[COAC02]**

**If You Did Not Change Your Address**

**[COAC15]**

If you did not request this recent address change, please contact us using the information below.

**Online Services [COAC03]**

**[COA016]**

**[\*F1]** can view **[\*F2]** Social Security records online with **[\*F3]** "my Social Security" online account. If **[\*F4]** not already have a "my Social Security" account, we invite **[\*F5]** to visit our website at **[\*F6]** to create one.

**[REF196/REF197/REF210/REF211]**

**Need more help?**

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **[\*F1].**

**[\*F2]**

**How are we doing?** Go to www.ssa.gov/feedback to tell us.

**Social Security Administration [SSAS30]**

**Fill-ins:**

**COA016**

\*F1 -You/claimant name

\*F2 - your/her/his

\*F3 – your/her/his

\*F4 – you do/she does/he does

\*F5 – you/her/him

\*F6 – [www.socialsecurity.gov](http://www.socialsecurity.gov)

Revised Notice

# Social Security Administration

**Retirement, Survivors, and Disability Insurance**

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Social Security Administration

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Baltimore, MD 21241-2905

**[HDR026]**

**[MESH06]**

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**Online Services**

**[COA016]**

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**[SSAS30]**

**Social Security Administration**

**Fill-ins:**

**COA016**

\*F1 -You/claimant name

\*F2 - your/their

\*F3 – your/their

\*F4 – you do/they do

\*F5 – you/them

\*F6 – [www.socialsecurity.gov](http://www.socialsecurity.gov)