SOCIAL SECURITY ADMINISTRATION

Form Approved OMB No. 0960-0071

REPORT OF NEW INFORMATION IN DISABILITY CASES

USE THIS FORM ONLY WHEN THERE IS A CHANGE TO BE REPORTED

PRINT NAME OF DISABLED PERSON OR PERSONS ABOUT WHOM REPORT IS MADE

SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID.
It is a nine digit number (000-00-0000) followed by a letter only or by a letter and a number (A, B, B_2, C, C_1, D, E, F, or H.)
Your report cannot be processed without the correct claim number.

			LETTER
___ ___ ___	___ ___	___ ___ ___ ___	

DO YOU ALSO RECEIVE SSI OR BLACK LUNG BENEFITS? *(Check one)* YES NO

1. **CHANGE OF ADDRESS** (Print new address at bottom)
   If the Social Security Administration is sending your payments to your financial organization, do you wish this to continue? YES NO

2. **DISABLED PERSON'S CONDITION HAS IMPROVED OR PHYSICIAN HAS ADVISED THAT DISABLED PERSON CAN RETURN TO WORK.**

3. **DISABLED PERSON RETURNED TO WORK OR STOPPED WORK** — MONTH, DAY, AND YEAR
   (a) Disabled person began working on: →
   (b) Place and address of employment or self employment:

   (c) Disabled person's total monthly earnings for each month are: (If an employee, enter each month's gross earnings. If self-employed, enter each month's net earnings and the number of hours worked in each month.)

Month:							
Amount:	$	$	$	$	$	$	$
Hours:							

   (d) Disabled person is still working YES NO (If NO is checked, answer "e") (e) Disabled person stopped working on: → MONTH, DAY, AND YEAR

4. **DISABLED PERSON LEFT CUSTODY OF REPRESENTATIVE PAYEE ON** → MONTH, DAY, AND YEAR
   Disabled person's present address:

5. **DISABLED PERSON DIED ON** → MONTH, DAY, AND YEAR

6. **DISABLED PERSON GOING OUTSIDE THE U.S.** → DATE GOING
   NAME OF COUNTRY: DATE EXPECTED TO RETURN

7. **DISABLED PERSON MARRIED ON** → DATE OF MARRIAGE

8. **DISABLED PERSON IS RECEIVING WORKERS' COMPENSATION (INCLUDING BLACK LUNG BENEFITS) OR ANOTHER PUBLIC DISABILITY BENEFIT OR THE AMOUNT OF PRESENT PAYMENT HAS CHANGED.**
   (a) Lump sum payment of → $
   (b) Date of latest award → MONTH, DAY, AND YEAR
   (c) Claim Number → NUMBER
   (d) Change in periodic payment amount: → FROM $ TO $

9. Disabled person begins to receive a pension or annuity based on employment after 1956 not covered by Social Security, or cessation of such pension or annuity. — Beginning Date (Month/Year) | Ending Date (Month/Year)

10. Confinement as a result of a criminal offense in a jail, prison, or other penal institution, correctional facility, or certain mental health institutions. — DATE OF CONFINEMENT (MONTH, DAY, YEAR)

SIGNATURE OF PERSON MAKING THIS REPORT

NUMBER AND STREET, APARTMENT NO., P.O. BOX, OR RURAL ROUTE

CITY	STATE	ZIP CODE

DATE SIGNED	TELEPHONE NUMBER *(If any)*	ENTER NAME OF COUNTY, IF ANY, IN WHICH YOU LIVE

HOW TO REPORT

There are three ways to report:

1. Phone Social Security and explain the change.
2. Visit any Social Security Office.
3. Mail this form to any Social Security Office. MAKE SURE YOU FILL IN THESE NECESSARY DETAILS ON THE REVERSE SIDE OF THIS FORM.

- NAME of disabled person about whom the report is made.
- The correct CLAIM NUMBER under which the benefits are payable.
- WHAT is being reported.
- DATE it happened.
- Your SIGNATURE and ADDRESS.

NOTE: REMEMBER TO TELL US WHEN YOU MOVE, EVEN IF YOUR MAILING ADDRESS FOR CHECKS HAS NOT CHANGED.

IMPORTANT INFORMATION

PRIVACY ACT NOTICE: This report is authorized by 20 CFR 404.1588. See Revised Privacy Act Statement

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 gov- ernment. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why infor- mation you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact us at 1-800-772-1213 or at 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. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213.** Send only comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

See Revised Paperwork Reduction Act Statement

All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.

WHAT TO REPORT

The kinds of events that you must report to Social Security are listed on the other side of this form. The booklet, "What You Need To Know When You Get Disability Benefits," tells more about these reporting events. If you do not have this booklet or if you want help in making a report, get in touch with any Social Security Office and the people there will be glad to help you.

FAILURE TO REPORT

If you do not report events as shown on this form, you may not be paid some or all of the benefits due you, or you may be overpaid, in which case, you will have to pay back any benefits you received that were not due you.

Also if you conceal or fail to disclose a reporting event with an intent to fraudulently obtain benefits either in a greater amount than is due or when no payment is authorized, you may be FINED, IMPRISONED, or both, as provided in section 208 of the Social Security Act.

INFORMATION CONFIDENTIAL

The information furnished on this form will be used to determine if you are still eligible for Social Security disability benefits or if they should be changed. This information may be disclosed by Social Security to another person or to another agency for the following purposes:

- to assist Social Security in establishing the right of an individual to Social Security bene- fits and/or the amount of the benefits;
- to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the programs administered by Social Security; and
- to comply with Federal laws requiring the exchange of information between Social Security and another agency, (such as the State Vocational Rehabilitation Agencies for rehabilitation services).

NOTE: USE THIS FORM ONLY IF YOU HAVE A CHANGE TO REPORT

Use this form only when there is a change to report to Social Security.

Form **SSA-612** (6-2000) EF (08-2006)

U.S. GOVERNMENT PRINTING OFFICE: 2006—330-080/60003

The following revised Privacy Act Statement will be inserted into the form at its next scheduled reprinting:

Privacy Act Statement

Collection and Use of Personal Information

Section 404.1588 of the Social Security Act, as amended, authorizes us to collect this information. The information is needed to make a determination regarding the correct amount of benefits due to you. Your response is voluntary. However, failure to provide all or part of the requested information could prevent an accurate and timely decision on your request.

We rarely use the information provided on this form for any other purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

(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 comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veteran Affairs);

(3) To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and

(4) To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded and administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routines uses for this information is available in Systems of Records Notice 60-0089. This notice, as well as several other applicable Systems of Records Notices pertinent to this form, and information regarding our programs and systems, is available on-line at www.socialsecurity.gov or at your local Social Security office.

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