

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 shown below.	2.	Telephone number at which you may be contacted during the day.
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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? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you married or had a divorce or annulment since you last reported your marital status to SSA? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
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? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
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? _____ →	<input type="checkbox"/>	<input type="checkbox"/>

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) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SSN
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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 is used or given out are available in Social Security Administration publications. If you want to learn more about this, contact your local SSA office.

Please see revised Paperwork Reduction Act and Privacy Act Statements below.

Act Statement - This information is required by the requirements of 44 U.S.C. § 3507, as amended by the Paperwork Reduction Act of 1995.

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, 6401 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.		
(a) Country of new citizenship	Date acquired (Month-Day-Year)	
(b) Current country of residence	Date of change (Month-Day-Year)	
4. If you answered "Yes" to question 4 on the reverse, complete the information below.		
(a) <input type="checkbox"/> Marriage (b) <input type="checkbox"/> Divorce (c) <input type="checkbox"/> Annulment	(d) Enter date event occurred (Month-Day-Year)	
5. If you answered "Yes" to question 5 on the reverse, complete the information below.		
(a) Check one <input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed	(b) Date work began (Month-Day-Year)	(c) If ended, enter date work stopped (Month-Day-Year)
(d) List each month that you worked 45 hours or less (<i>Explain in "Remarks"</i>)		
(e) Was this work done in the United States or did you pay United States Social Security taxes on earnings from this work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(f) If you answered "Yes" to (e) above, enter your total earnings for:		
the year before last _____		\$ _____
and last year _____		\$ _____
also give your estimate of earnings for this year _____		\$ _____
6. If you answered "Yes" to question 6 on the reverse, complete the information below.		
(a) Date child left (Month-Day-Year)	(b) Date child returned (Month-Day-Year)	(c) Name of child
(d) Reason for absence		
(e) If the child has not returned, print the address of the child here.		

REMARKS

IMPORTANT: I declare under penalty of perjury that I have examined all of the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

7.	Signature or mark of payee (<i>Note: If this form is signed with a mark, a witness must sign below.</i>)	Date
8.	Signature of witness	Date

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

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 OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

SSA-7162 – Foreign Enforcement Questionnaire (Beneficiary)

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

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 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.

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. § 552a(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 records with those of 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 or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is contained in our System of Records Notice 60-0089 (Claims Folders System). Additional information regarding this form and our other system of records notices and Social Security programs are available from our Internet website at www.socialsecurity.gov or at any U.S. Embassy, consulate, VARO or U.S. Social Security office.