

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, 20\_\_

Social Security Administration

\_\_\_\_\_  
\_\_\_\_\_

**Re: Report of Change for** \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Dear Sir or Madam,

The purpose of this letter is to advise your office of the following change(s) with respect to receipt of social security benefits by \_\_\_\_\_.

(Check all applicable)

- Change of address and telephone number
- Change in marital status
- Name change
- Change in income, earnings or other government benefits
- Birth or adoption of a child
- Change of child custody
- Incarceration of beneficiary
- Departure from the United States
- Death of beneficiary
- Change in direct deposit accounts
- Beneficiary unable to manage funds

**CHANGE OF ADDRESS AND TELEPHONE NUMBER**

Effective \_\_\_\_\_, 20\_\_, \_\_\_\_\_ has moved and needs to update his/her address as follows.

Former Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

New Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

(Check if applicable)  The following family members will also receive checks or other information at the new address:

\_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_

**CHANGE IN MARITAL STATUS**

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ was (Check one)  married to  divorced from \_\_\_\_\_ . Enclosed is a certified copy of the (Check one)  marriage license  divorce decree. Please advise as to the change in benefits, if any, or if any additional information is required.

**NAME CHANGE**

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ changed his/her name to \_\_\_\_\_ . Please forward the necessary form(s) to request a new social security card reflecting this name change. Enclosed is documentation showing the name change.

**CHANGE IN INCOME, EARNINGS, OR OTHER GOVERNMENT BENEFITS**

Effective \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ has had the following changes in income, earnings, or other government benefits: \_\_\_\_\_ . Please advise if any additional information is needed.

**BIRTH OR ADOPTION OF CHILD**

On \_\_\_\_\_, 20\_\_\_\_, a child, \_\_\_\_\_, was (Check one)  born to  adopted by \_\_\_\_\_ . A certified copy of the  child's birth certificate  child's amended birth certificate  court order is enclosed. Please advise if any additional information is needed.

**CHANGE OF CHILD CUSTODY**

Custody has changed for the following child(ren): \_\_\_\_\_ The child(ren) was/were in the custody of \_\_\_\_\_, whose address is \_\_\_\_\_ . As of \_\_\_\_\_, 20\_\_\_\_, the above-named child(ren) will be in the custody of \_\_\_\_\_, whose address is \_\_\_\_\_ . A certified copy of the court order to change custody is enclosed. Please advise if any additional information is needed in order for \_\_\_\_\_ to receive benefits.

**INCARCERATION OF BENEFICIARY**

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ was convicted of \_\_\_\_\_ . \_\_\_\_\_ was incarcerated on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ [Imprisonment Facility], \_\_\_\_\_ [Facility Address]. \_\_\_\_\_ will be incarcerated for \_\_\_\_\_ [Length of



Imprisonment]. Please advise if any additional information is needed, as well as the effect that this will have on \_\_\_\_\_'s benefits.

### DEPARTURE FROM UNITED STATES

\_\_\_\_\_ left the United States on \_\_\_\_\_, 20\_\_\_\_, for \_\_\_\_\_ [Length of Time]. \_\_\_\_\_ plans to return to the United States on \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_ plans to visit the following country or countries: \_\_\_\_\_.

(Check if applicable)  Please have social security checks forwarded to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DEATH OF BENEFICIARY

\_\_\_\_\_ died on \_\_\_\_\_, 20\_\_\_\_, and was a resident of the State of \_\_\_\_\_. (Check one)  Enclosed is the decedent's last social security check and a certified copy of the death certificate.  Enclosed is a certified copy of the death certificate.

(Check if applicable)  Please advise as to the survivor's benefits for the following dependent(s)/spouse of the decedent:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

### CHANGE IN DIRECT DEPOSIT ACCOUNTS

\_\_\_\_\_ has changed financial institutions as follows:  
\_\_\_\_\_ 's former bank was \_\_\_\_\_ [Bank Name],  
\_\_\_\_\_ [Bank Address], Account Number \_\_\_\_\_.

As of \_\_\_\_\_, 20\_\_\_\_, please send \_\_\_\_\_ 's social security checks to \_\_\_\_\_ [Bank Name],  
\_\_\_\_\_ [Bank Address], Account Number \_\_\_\_\_.

### BENEFICIARY IS UNABLE TO MANAGE FUNDS

\_\_\_\_\_ has become unable to manage his/her funds because \_\_\_\_\_.

(Check one)

On \_\_\_\_\_, 20\_\_\_\_, (Check one):



- Fund manager \_\_\_\_\_
- Fund manager \_\_\_\_\_ of Company \_\_\_\_\_  
agreed to manage \_\_\_\_\_'s funds.

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ [Court] appointed (Check one):

- Fund manager \_\_\_\_\_
- Fund manager \_\_\_\_\_ of Company \_\_\_\_\_  
to manage \_\_\_\_\_'s funds.

A certified copy of the court order is enclosed. A form SSA-11 requesting that  
\_\_\_\_\_ be appointed as representative payee is included with this notification.  
Please advise as to the change in benefits, if any, or if any additional information is required.

You may contact me if you have any questions or require additional information. Thank you for your  
prompt attention to this matter.

Sincerely,

\_\_\_\_\_

