Form Approved **SOCIAL SECURITY ADMINISTRATION TOE 250** OMB No. 0960-0014 FOR SSA USE ONLY FOR SSA USE ONLY Name or Bene. Sym. Date of Birth Program Type Cus. Inst. Nam. **REQUEST TO BE SELECTED AS PAYEE** DISTRICT OFFICE CODE STATE AND COUNTY CODE: PRINT IN INK: The name of the NUMBER HOLDER SOCIAL SECURITY NUMBER The name of the PERSON(S) (if different from above) for whom you are filing (the SOCIAL SECURITY NUMBER(S) "claimant(s)") Answer item 1 ONLY if you are the claimant and want your benefits paid directly to you. 1. I request that I be paid directly. CHECK HERE and answer only items 3, 5, 6, and 8 before signing the form on page 4. I REQUEST THAT THE SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, BLACK LUNG OR SPECIAL VETERANS BENEFITS FOR THE CLAIMANT(S) NAMED ABOVE BE PAID TO ME AS REPRESENTATIVE PAYEE. Explain why you think the claimant is not able to handle his/her own benefits. (In your answer, describe how he/she manages any money he/she receives now.) Claimant is a minor child. 3. Explain why you would be the best representative payee. (Use Remarks if you need more space.) If you are appointed payee, how will you know about the claimant's needs? Live with me or in the institution I represent. Daily visits. Visits at least once a week. By other means. Explain: YES Does the claimant have a court-appointed legal guardian? IF YES, enter the legal guardian's: NAME _____ PHONE NUMBER _____ DATE OF APPOINTMENT Explain the circumstances of the appointment. (Use remarks if you need more space.)

6.	(a) Where does the claimant live?								
	Alone								
	In my home (Go to (b).)	a public institution (Go to (c).)							
	With a relative (Go to (b).)	a private institution (Go to (c).)							
	With someone else (Go to (b).)	a nursing home (Go to (c).)							
	In a board and care facility (Go to (b).)	a board and care facility (Go to (b).)							
•	(b) Enter the names and relationships of any other people who live with the claimant.								
	NAME	RELATIONSHIP							
	(c) Enter the claimant's residence and mailing addresses (if diff	erent from yours).							
	Residence: Mailing: Telephone Number:								
•	(d) Do you expect the claimant's living arrangements to change YES NO If YES, explain what changes are expect space.)	•	ccur. (Use Remarks if you need more						
7.	If you are applying on behalf of minor child(ren) and you are no	t the parent,							
	Does the child(ren) have a living natural or adoptive parent? YES NO								
		If YES, enter: (a) Name of parent(b) Address of parent							
	(c) Telephone number								
	(d) Does the parent show interest in the child?	YES NO							
	Please explain.								
	riease explain.								
8.	· · ·	names and relationship of any (other) relatives or close friends who have provided support and/or show active interest claimant. Describe the type and amount of support and/or how interest is displayed.							
	NAME ADDRESS/PHONE NO.	RELATIONSHIP	DESCRIBE SUPPORT/INTEREST						
9.	Check the block that describes your relationship to the claimant	t.							
	(a) Official of bank, agency or institution with responsibility	for the person. Enter be	elow which you represent:						
	Bank								
	Social Agency								
	Public Official								
	Institution:								
	Federal								
	State/Local Private non-profit Private proprietary institution. Is the institution licensed under State law? YES NO								
	IF (a) ABOVE CHECKED, COMPLETE ONLY QUESTIONS 10 AN	ID 11 AND SIGN THE FO	RM ON PAGE 4.						
	(b) Parent (c) Spouse								
	(d) Other Relative - Specify (e) Legal Representative (f) Board and Care Home Operator (g) Other Individual - Specify								
	IF (b), (c), (d), or (e) ABOVE CHECKED, GO ON TO QUESTION 12								

INFO	RMATION ABOUT INSTITUTIONS, AGENCIES AND BANKS APPLYING TO BE REPRESENTATIVE PAYEE						
10.	(a) Enter the name of the institution						
	(b) Enter the EIN of the institution						
11.	Is the claimant indebted to your institution for past care and maintenance? YES NO If YES, give the amount of the debt, the date(s) the debt was incurred and the description of the debt.						
INFO	RMATION ABOUT INDIVIDUALS APPLYING TO BE REPRESENTATIVE PAYEE						
12.	Enter: YOUR NAME						
12.							
	DATE OF BIRTH						
	SOCIAL SECURITY NUMBER						
	ANY OTHER NAME YOU HAVE USED						
_	OTHER SSN'S YOU HAVE USED						
13.	How long have you known the claimant?						
14.	Does the claimant owe you any money now or will he/she owe you money in the future? YES NO If YES, enter the amount he/she owes you, the date(s) the debt was/will be incurred and describe why the debt was/will be incurred.						
15.	If the claimant lives with you, who takes care of the claimant when work or other activity takes you away from home? What is his/her relationship to the claimant?						
16.	(a) Main source of your income Employed (answer (b) below) Self-employed (Type of Business						
17.	(a) Have you ever been convicted of a felony? YES NO						
	If YES: What was the crime?						
	On what date were you convicted?						
	What was your sentence?						
	If imprisoned, when were you released?						
	If probation was ordered, when did/will your probation end?						
	(b) Have you ever been convicted of any offense under federal or state law which resulted in imprisonment for more than one						
	year? YES NO						
	If YES:What was the crime?						
	On what date were you convicted?						
	What was your sentence?						
	If imprisoned, when were you released?						
	If probation was ordered, when did/will your probation end?						

18.	B. Do you have any unsatisfied FELONY warrants (or in jurisdictions that do not define crimes as felonies, a crime punishable by death or imprisonment exceeding 1 year) for your arrest? YES NO							
	If YES: Date of Warrant							
19.	How long have you lived at your current address? (Giv (If less than 1 year, enter previous address in Remarks		e MM/YY)					
REMA	RKS: (This space may be used for explaining any answers to	the que	stions. If you ne	eed m	ore space, attach a separate sheet.)			
	PLEASE READ THE FOLLOWING INFORMATION	ON CA	REFULLY BEFO	ORE S	SIGNING THIS FORM			
• M ne	rganization: ust use all payments made to me/my organization as the represented by save them for his/her future needs.				·			
of • M	 May be held liable for repayment if I/my organization misuse the payments or if I/my organization am/is at fault for any overpayment of benefits. May be punished under Federal law by fine, imprisonment or both if I/my organization am/is found guilty of misuse of Social Security or SSI benefits. 							
 Us Fill So Re No Co or Fill No No lo 	reganization will: see the payments for the claimant's current needs and save any e an accounting report on how the payments were used, and r ocial Security Administration. eimburse the amount of any loss suffered by any claimant due otify the Social Security Administration when the claimant dies ing arrangements or he/she is no longer my/my organization's omply with the conditions for reporting certain events (listed or ganization's records) and for returning checks the claimant is n e an annual report of earnings if required. otify the Social Security Administration as soon as I/my organiz organization.	make all to misu , leaves respons n the at not due. zation c	supporting reco se of Social Sect my/my organizatibility. tached sheets(s) an no longer act	rds avurity of the street of t	vailable for review if requested by the or SSI funds by me/my organization. It is custody or otherwise changes his/her the I/my organization will keep for my/my presentative payee or the claimant no			
	are under penalty of perjury that I have examined all the ments or forms, and it is true and correct to the best of			torm	, and on any accompanying			
	SIGNATURE OF APPLICANT		DATE		DATE (Month, day, year)			
Signature (First name, middle initial, last name) (Write in ink) SIGN HERE				Telephone number(s) at Which You May Be Contacted During the Day				
Drint '	Your Name & Title <i>(if a representative or employee of an instit</i> u	ution/or	ganization					
	g Address (Number and street, Apt. No., P.O. Box, or Ru		•					
City a	nd State		Zip Code	N	ame of County			
Resid	ence Address (Number and street, Apt. No., P.O. Box, or	Rural	Route)					
City and State			Zip Code	N	Name of County			
	esses are only required if this application has been sign e signing who know the applicant making the request m				-			
1. SI	GNATURE OF WITNESS	2. SIGNATURE OF WITNESS						
ADDF	ESS (Number and street, City, State and ZIP Code)	ADDRESS (Number and street, City, State and ZIP Code)						

SOCIAL SECURITY

Information for Representative Payees Who Receive Social Security Benefits

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF ANY OF THE FOLLOWING EVENTS OCCUR AND PROMPTLY RETURN ANY PAYMENT TO WHICH THE CLAIMANT IS NOT ENTITLED:

- the claimant DIES (Social Security entitlement ends the month before the month the claimant dies);
- the claimant MARRIES, if the claimant is entitled to child's, widow's, mother's, father's, widower's or parent's benefits, or to wife's or husband's benefits as a divorced wife/husband, or to special age 72 payments;
- the claimant's marriage ends in DIVORCE or ANNULMENT, if the claimant is entitled to wife's, husband's or special age 72 payments;
- the claimant's SCHOOL ATTENDANCE CHANGES if the claimant is age 18 or over and entitled to child's benefits as a full time student;
- the claimant is entitled as a stepchild and the parents DIVORCE (benefits terminate the month after the month the divorce becomes final);
- the claimant is under FULL RETIREMENT AGE (FRA) and WORKS for more than the annual limit (as determined each year) or more than the allowable time (for work outside the United States);
- the claimant receives a GOVERNMENT PENSION or ANNUITY or the amount of the annuity changes, if the claimant is entitled to husband's, widower's, or divorced spouse's benefits;
- the claimant leaves your custody or care or otherwise CHANGES ADDRESS;
- the claimant NO LONGER HAS A CHILD IN CARE, if he/she is entitled to benefits because of caring for a child under age 16 or who is disabled;
- the claimant is confined to iail, prison, penal institution or correctional facility;
- the claimant is confined to a public institution by court order in connection WITH A CRIME.
- the claimant has an UNSATISFIED FELONY WARRANT (or in jurisdictions that do not define crimes as felonies, a crime punishable by death or imprisonment exceeding 1 year) issued for his/her arrest;
- · the claimant is violating a condition of probation or parole under State or Federal law.

IF THE CLAIMANT IS RECEIVING DISABILITY BENEFITS. YOU MUST ALSO REPORT IF:

- the claimant's MEDICAL CONDITION IMPROVES;
- · the claimant STARTS WORKING;
- the claimant applies for or receives WORKER'S COMPENSATION BENEFITS, Black Lung Benefits from the Department of Labor, or a public disability benefit;
- the claimant is DISCHARGED FROM THE HOSPITAL (if now hospitalized).

IF THE CLAIMANT IS RECEIVING SPECIAL AGE 72 PAYMENTS, YOU MUST ALSO REPORT IF:

- the claimant or spouse becomes ELIGIBLE FOR PERIODIC GOVERNMENTAL PAYMENTS, whether from the U.S. Federal government or from any State or local government;
- the claimant or spouse receives SUPPLEMENTAL SECURITY INCOME or PUBLIC ASSISTANCE CASH BENEFITS;
- the claimant or spouse MOVES outside the United States (the 50 States, the District of Columbia and the Northern Mariana Islands).

In addition to these events about the claimant, you must also notify us if:

- YOU change your address;
- YOU are convicted of a felony or any offense under State or Federal law which results in imprisonment for more than 1 year;
- YOU have an UNSATISFIED FELONY WARRANT (or in jurisdictions that do not define crimes as felonies, a crime punishable by death or imprisonment exceeding 1 year) issued for your arrest.

BENEFITS MAY STOP IF ANY OF THE ABOVE EVENTS OCCUR. You should read the informational booklet we will send you to see how these events affect benefits. You may make your reports by telephone, mail or in person.

REMEMBER:

- · payments must be used for the claimant's current needs or saved if not currently needed;
- you may be held liable for repayment of any payments not used for the claimant's needs or of any over payment that occurred due to your fault;
- you must account for benefits when so asked by the Social Security Administration. You will keep records of how benefits were spent so you can provide us with a correct accounting;
- to tell us as soon as you know you will no longer be able to act as representative payee or the claimant no longer needs a payee.

Keep in mind that benefits may be deposited directly into an account set up for the claimant with you as payee. As soon as you set up such an account, contact us for more information about receiving the claimant's payments using direct deposit.

A REMINDER TO PAYEE APPLICANTS BEFORE YOU RECEIVE A SSA OFFICE DATE REQUEST RECEIVED DECISION NOTICE TELEPHONE NUMBER(S) TO CALL IF YOU HAVE A QUESTION OR SOMETHING AFTER YOU RECEIVE A TO REPORT **DECISION NOTICE** RECEIPT FOR YOUR REQUEST Your request for Social Security benefits on behalf of the you — or someone for you — should report the change. individual(s) named below has been received and will be The changes to be reported are listed on the reverse. processed as quickly as possible. Always give us the claim number of the beneficiary when You should hear from us within days after you have given us all the information we requested. Some claims writing or telephoning about the claim. may take longer if additional information is needed. In the meantime, if you change your address, or if there is If you have any questions about this application, we will some other change that may affect the benefits payable, be glad to help you. SOCIAL SECURITY CLAIM NUMBER **BENEFICIARY**

THE PRIVACY ACT

We are required by section 205(j) and 205(a) of the Social Security Act to ask you to give us the information on this form. This information is needed to determine if you are qualified to serve as representative payee. Although responses to these questions are voluntary, you will not be named representative payee unless you give us the answers to these questions.

Sometimes the law requires us to give out the facts on this form without your consent. We must release this information to another person or government agency if Federal law requires that we do so or to do the research and audits needed to administer or improve our representative payee program.

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.

Explanation about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

SUPPLEMENTAL SECURITY INCOME

Information for Representative Payees Who Receive Social Security Benefits

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF ANY OF THE FOLLOWING EVENTS OCCUR AND PROMPTLY RETURN ANY PAYMENT TO WHICH THE CLAIMANT IS NOT ENTITLED:

- the claimant or any member of the claimant's household DIES (SSI eligibility ends with the month in which the claimant dies);
- the claimant's HOUSEHOLD CHANGES (someone moves in/out of the place where the claimant lives);
- the claimant LEAVES THE U.S. (the 50 states, the District of Columbia, and the Northern Mariana Islands) for 30 consecutive days or more;
- the claimant MOVES or otherwise changes the place where he/she actually lives (including adoption, and whereabouts unknown);
- the claimant is ADMITTED TO A HOSPITAL, skilled nursing facility, nursing home, intermediate care facility, or other institution;
- the INCOME of the claimant or anyone in the claimant's household CHANGES (this includes income paid by an organization or employer, as well as monetary benefits from other sources);
- the RESOURCES of the claimant or anyone in the claimant's household CHANGES (this includes when conserved funds reach over \$2,000);
- the claimant or anyone in the claimant's household MARRIES;
- the marriage of the claimant or anyone in the claimant's household ends in DIVORCE or ANNULMENT;
- the claimant SEPARATES from his/her spouse;
- the claimant is confined to jail, prison, penal institution or correctional facility;
- the claimant is confined to a public institution by court order in connection WITH A CRIME;
- the claimant has an UNSATISFIED FELONY WARRANT (or in jurisdictions that do not define crimes as felonies, a crime punishable by death or imprisonment exceeding 1 year) issued for his/her arrest;
- the claimant is violating a condition of probation or parole under State or Federal law.

IF THE CLAIMANT IS RECEIVING PAYMENTS DUE TO DISABILITY OR BLINDNESS, YOU MUST ALSO REPORT IF:

- the claimant's MEDICAL CONDITION IMPROVES;
- · the claimant GOES TO WORK;
- the claimant's VISION IMPROVES, if the claimant is entitled due to blindness;

In addition to these events about the claimant, you must also notify us if:

- YOU change your address;
- YOU are convicted of a felony or any offense under State or Federal law which results in imprisonment for more than 1 year;
- YOU have an UNSATISFIED FELONY WARRANT (or in jurisdictions that do not define crimes as felonies, a crime punishable by death or imprisonment exceeding 1 year) issued for your arrest.

PAYMENT MAY STOP IF ANY OF THE ABOVE EVENTS OCCUR. You should read the informational booklet we will send you to see how these events affect benefits. You may make your reports by telephone, mail or in person.

REMEMBER:

- payments must be used for the claimant's current needs or saved if not currently needed. (Savings are considered resources and may affect the claimant's eligibility to payment.);
- you may be held liable for repayment of any payments not used for the claimant's needs or of any overpayment that occurred due to your fault;
- you must account for benefits when so asked by the Social Security Administration. You will keep records of how benefits were spent so you can provide us with a correct accounting;
- to let us know as soon as you know you are unable to continue as representative payee or the claimant no longer needs a payee:
- you will be asked to help in periodically redetermining the claimant's continued eligibility or payment. You will
 need to keep evidence to help us with the redetermination (e.g., evidence of income and living arrangements).
- you may be required to obtain medical treatment for the claimant's disabling condition if he/she is eligible under the childhood disability provision.

Keep in mind that payments may be deposited directly into an account set up for the claimant with you as payee. As soon as you set up such an account, contact us for more information about receiving the claimant's payments using direct deposit.

A REMINDER TO PAYEE APPLICANTS BEFORE YOU RECEIVE A SSA OFFICE DATE REQUEST RECEIVED DECISION NOTICE TELEPHONE NUMBER(S) TO CALL IF YOU HAVE A QUESTION OR SOMETHING AFTER YOU RECEIVE A TO REPORT **DECISION NOTICE** RECEIPT FOR YOUR REQUEST Your request for SSI payments on behalf of the you — or someone for you — should report the change. individual(s) named below has been received and will be The changes to be reported are listed on the reverse. processed as quickly as possible. Always give us the claim number of the beneficiary when You should hear from us within days after you have given us all the information we requested. Some claims writing or telephoning about the claim. may take longer if additional information is needed. In the meantime, if you change your address, or if there is If you have any questions about this application, we will some other change that may affect the benefits payable, be glad to help you. **BENEFICIARY** SOCIAL SECURITY CLAIM NUMBER

THE PRIVACY ACT

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Sometimes the law requires us to give out the facts on this form without your consent. We must release this information to another person or government agency if Federal law requires that we do so or to do the research and audits needed to administer or improve our representative payee program.

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.

Explanation about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

BLACK LUNG BENEFITS

Information for Representative Payees Who Receive Black Lung Benefits

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF ANY OF THE FOLLOWING EVENTS OCCUR AND PROMPTLY RETURN ANY PAYMENT TO WHICH THE CLAIMANT IS NOT ENTITLED:

- the claimant DIES;
- the claimant receives STATE WORKER'S COMPENSATION based on the miner's disability, or the amount of such compensation changes;
- the miner receives UNEMPLOYMENT INSURANCE:
- · the claimant IS WORKING or RETURNS TO WORK;
- the claimant MARRIES or REMARRIES, if the claimant is entitled to child's, widow's, brother's or sister's benefits:
- the claimant begins to RECEIVE SUPPORT PAYMENTS from his/her spouse, if the claimant is entitled
 to brother's or sister's benefits;
- the claimant is ADOPTED, if the claimant is entitled to child's benefits;
- the claimant's MEDICAL CONDITION IMPROVES, if the claimant is entitled to disabled child's brother's or sister's benefits:
- the claimant is age 18 to 23 and STOPS ATTENDING SCHOOL, if the claimant is receiving child's, sister's or brother's benefits.

In addition to these events about the claimant, you must also notify us if:

- YOU change your address;
- YOU are convicted of a felony or any offer under State or Federal law which results in imprisonment for more than 1 year;
- YOU have an UNSATISFIED FELONY WARRANT (or in jurisdictions that do not define crimes as felonies, a crime punishable by death or imprisonment exceeding 1 year) issued for your arrest.

BENEFITS MAY STOP IF ANY OF THE ABOVE EVENTS OCCUR. You should read the informational booklet we will send you to see how these events affect benefits. You may make your reports by telephone, mail or in person.

REMEMBER:

- payments must be used for the claimant's current needs or saved if not currently needed;
- you may be held liable for repayment of any payments not used for the claimant's needs or of any overpayment that occurred due to your fault;
- you must account for benefits when so asked by the Social Security Administration. You will keep records of how benefits were spent so you can provide us with a correct accounting;
- to let us know as soon as you know you are unable to continue as representative payee or the claimant no longer needs a payee.

Keep in mind that benefits may be deposited directly into an account set up for the claimant with you as payee. As soon as you set up such an account, contact us for more information about receiving the claimant's payments using direct deposit.

A REMINDER TO PAYEE APPLICANTS BEFORE YOU RECEIVE A SSA OFFICE DATE REQUEST RECEIVED DECISION NOTICE TELEPHONE NUMBER(S) TO CALL IF YOU HAVE A QUESTION OR SOMETHING AFTER YOU RECEIVE A TO REPORT **DECISION NOTICE** RECEIPT FOR YOUR REQUEST Your request for Black Lung benefits on behalf of the you — or someone for you — should report the change. individual(s) named below has been received and will be The changes to be reported are listed on the reverse. processed as quickly as possible. Always give us the claim number of the beneficiary when You should hear from us within days after you have given us all the information we requested. Some claims writing or telephoning about the claim. may take longer if additional information is needed. In the meantime, if you change your address, or if there is If you have any questions about this application, we will some other change that may affect the benefits payable, be glad to help you. **BENEFICIARY** SOCIAL SECURITY CLAIM NUMBER

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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.

Explanation about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

SPECIAL BENEFITS FOR WORLD WAR II VETERANS

Information for Representative Payees Who Receive Special Benefits for WW II Veterans

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF ANY OF THE FOLLOWING EVENTS OCCUR AND PROMPTLY RETURN ANY PAYMENT TO WHICH THE CLAIMANT IS NOT ENTITLED:

- the claimant DIES (special veterans entitlement ends the month after the claimant dies);
- the claimant returns to the United States for a calendar month or longer;
- the claimant moves or changes the place where he/she actually lives;
- the claimant receives a pension, annuity or other recurring payment (includes workers' compensation, veterans benefits or disability benefits), or the amount of the annuity changes;
- the claimant is or has been deported or removed from U.S.;
- the claimant has an UNSATISFIED FELONY WARRANT (or in jurisdictions that do not define crimes as felonies, a crime punishable by death or imprisonment exceeding 1 year) issued for his/her arrest;
- the claimant is violating a condition of probation or parole under State or Federal law.

In addition to these events about the claimant, you must also notify us if:

- YOU change your address;
- YOU are convicted of a felony or any offense under State or Federal law which results in imprisonment for more than 1 year;
- YOU have an UNSATISFIED FELONY WARRANT (or in jurisdictions that do not define crimes as felonies, a crime punishable by death or imprisonment exceeding 1 year) issued for your arrest.

BENEFITS MAY STOP IF ANY OF THE ABOVE EVENTS OCCUR. You can make your reports by telephone, mail or in person. You can contact any U.S. Embassy, Consulate, Veterans Affairs Regional Office in the Philippines or any U.S. Social Security Office.

REMEMBER:

- payments must be used for the claimant's current needs or saved if not currently needed;
- you may be held liable for repayment of any payments not used for the claimant's needs or of any
 overpayment that occurred due to your fault;
- you must account for benefits when so asked by the Social Security Administration. You will keep records of how benefits were spent so you can provide us with a correct accounting;
- to let us know, as soon as you know you are unable to continue as representative payee or the claimant no longer needs a payee.

A REMINDER TO PAYEE APPLICANTS BEFORE YOU RECEIVE A SSA OFFICE DATE REQUEST RECEIVED DECISION NOTICE TELEPHONE NUMBER(S) TO CALL IF YOU HAVE A QUESTION OR SOMETHING AFTER YOU RECEIVE A TO REPORT **DECISION NOTICE** RECEIPT FOR YOUR REQUEST Your request for Special benefits for WW II Veterans on you — or someone for you — should report the change. behalf of the individual(s) named below has been received The changes to be reported are listed on the reverse. and will be processed as quickly as possible. Always give us the claim number of the beneficiary when You should hear from us within ___ days after you have given us all the information we requested. Some claims writing or telephoning about the claim. may take longer if additional information is needed. In the meantime, if you change your address, or if there is If you have any questions about this application, we will some other change that may affect the benefits payable, be glad to help you. **BENEFICIARY** SOCIAL SECURITY CLAIM NUMBER

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