

## ADVANCE NOTICE OF TERMINATION OF CHILD'S BENEFITS

NAME AND ADDRESS	BNC Number
	NAME OF CHILD BENEFICIARY TO WHOM THIS STATEMENT APPLIES
	DATE CHILD ATTAINS AGE 18

### YOUR BENEFITS WILL AUTOMATICALLY STOP AT AGE 18 UNLESS:

- You are a full-time student at an elementary or secondary school (a secondary school is a school at or below the high school level), or
- You qualify for childhood disability benefits.

Your benefits will end with the payment for the month before the month in which you attain age 18. You attain age 18 on the day before your 18th birthday. This is important when your birthday is on the first day of the month. For example, if your 18th birthday is June 1, you attain that age on May 31. If you are neither a full-time student nor disabled in May, benefits would not be payable for May. The last benefit check to which you would be entitled would be the one received in May, which represents your payment for April.

### FOR YOU TO RECEIVE STUDENT BENEFITS AFTER AGE 18, YOU MUST:

1. Complete the form, **STUDENT'S STATEMENT REGARDING SCHOOL ATTENDANCE** (pages 2 & 3).
2. Take the form to the school for a school official to certify on page 4 the information you provide on pages 2 & 3.
3. Leave page 5, **NOTICE OF CESSATION OF FULL-TIME SCHOOL ATTENDANCE**, and page 6 with the school official.
4. Bring pages 2 & 3 (**STUDENT'S STATEMENT REGARDING SCHOOL ATTENDANCE**) and 4 (**CERTIFICATION BY SCHOOL OFFICIAL**) to a Social Security office or return them in the enclosed envelope (fold pages 2 & 3 so the address on back shows through window envelope) prior to the age 18 attainment month shown above.
5. For direct deposit, enroll through your financial institution, call Social Security's National 800 Number (1-800-772-1213), or contact a Social Security office.

### TO RECEIVE CHILDHOOD DISABILITY BENEFITS, YOU MUST CONTACT ANY SOCIAL SECURITY OFFICE AND HAVE THE FOLLOWING INFORMATION:

1. A history of the disabling condition, including names and addresses of medical record sources (such as doctors and hospitals) and schools attended. If you have worked, you must also furnish your work history.
2. Your Social Security Number.

Please keep the attached sheet, **INFORMATION ABOUT BENEFITS PAST AGE 18** (page 7), for your records. It contains important information about eligibility for student benefits and reporting responsibilities.

## STUDENT'S STATEMENT REGARDING SCHOOL ATTENDANCE

The information requested on this form is sought pursuant to authority granted by law (42 U.S.C. 402 and 405). While you are not required to respond, your cooperation is needed to confirm your past and/or continuing entitlement to student benefits.	NAME AND ADDRESS
SOCIAL SECURITY CLAIM NUMBER	(For a change or correction of address, line through the old address and insert the new address.)

**1. Current School Attendance**

(a) Are you now in full-time attendance?  Yes  No

**(NOTE: If you are completing this form during a summer break period and you were in full-time attendance prior to the break and will continue school in the fall, you should answer YES to question 1(a). You should show the beginning date of the fall semester for question 1(b). See question 2 for past school attendance information.)**

(b) Print School's Name and Address	School Year Began <i>Month, Year</i>	School Year Will End <i>Month, Year</i>
-------------------------------------	---	--

(c) Type of School Program  High School  Home School  GED  Technical  Vocational  
 Other (*Specify*): \_\_\_\_\_

(d) Show the number of hours per <b>week</b> you are scheduled to attend	<i>Hours</i>
(e) Show your <b>EXPECTED</b> graduation date from <b>SECONDARY</b> school ( <b>e.g., high school</b> )	<i>Month, Year</i>
(f) What months between now and your expected graduation will you not be in full-time attendance for the <b>full</b> month? (For example, months of summer vacation)	

**2. Last School Year**

<b>PAST DATES OF ATTENDANCE</b>		
(a) Print School's Name and Address <input type="checkbox"/> check if same as current school year	School Year Began <i>Month, Year</i>	School Year Ended <i>Month, Year</i>

(b) Type of School Program  High School  Home School  GED  Technical  Vocational  
 Other (*Specify*): \_\_\_\_\_

(c) Show the number of hours per <b>week</b> you were scheduled to attend	<i>Hours</i>
---	--------------

3.	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, show the date you were married)</i>	Month, Day, Year
5.	(a) Do you expect to earn more than _____ in year ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(b) If YES, how much do you expect your total earnings to be in year ? \$ _____	
	(c) Enter the first month you expect to earn over _____ in year	Month, Year
6.	Are you being paid by your employer to attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Do you have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, for direct deposit, enroll through your financial institution, call Social Security's National 800 Number (1-800-772-1213), or contact a Social Security office.)</i>	
8.	Do you have an unsatisfied warrant for your arrest for a crime or attempted crime of flight to avoid prosecution or confinement or escape from custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I understand that SSA will use the earnings reported to SSA by my employer(s) and my self-employment tax return (if applicable) as the report of earnings required by law and adjust benefits under the earnings test. I also understand that it is my responsibility to ensure that the information I give SSA concerning my earnings is correct. I also understand that I must furnish additional information as needed when my benefit adjustment is not correct based on the earnings on my record.

I declare under penalty of perjury that I have examined all 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. I also certify that I have read the detachable information sheet. I authorize my school to disclose to the Social Security Administration any information concerning my status as a student as it pertains to past, current, or future Social Security student benefits.

### SIGNATURE OF STUDENT

Signature (First Name, Middle Initial, Last Name) <i>(Write in ink)</i>	Mailing Address
Student's Own Social Security Number	Telephone Number (with area code)
	Date

**CERTIFICATION BY SCHOOL OFFICIAL**

Name of Student

Social Security Claim Number

Please review the information the student provided on pages 2 & 3, answer the questions below, annotate the student's expected graduation date on page 5, and sign and date the form in the space provided. You should give pages 2 through 4 to the student to return to the Social Security Administration. Please retain page 5 for reporting if the student's full-time attendance ends, or the student graduates, before the date indicated.

1. All information entered in items 1 and 2 of page 2 is correct according to the school's records.  
 Yes       No. If "No," please provide correct information according to school records.

2. Is the school's course of study at least 13 weeks in duration?  
 Yes       No

3. Please indicate which of the following applies to the school's operating basis.  
 Yearly  
 Quarterly/Semester - No Reenrollment Required  
 Quarterly/Semester - Reenrollment Required

4. I received pages 5 and 6 of this form for reporting changes in the student's attendance.  
 Yes       No

5. I annotated page 5 of this form with the student's expected graduation date as reported on page 2 of this form.  
 Yes       No

**I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.**

School Official Signs

Title

Printed Name

Date

Phone Number (with area code)

The people in your Social Security office will be glad to help you with any questions concerning this form or any other questions you have about Social Security.

**For more information, please see: [www.socialsecurity.gov/schoolofficials/](http://www.socialsecurity.gov/schoolofficials/).**

**SCHOOL SHOULD DETACH AND RETAIN THIS FORM**

Field Office Name and Address

**NOTICE OF CESSATION OF FULL-TIME SCHOOL ATTENDANCE**

NAME OF SOCIAL SECURITY BENEFICIARY | DATE OF BIRTH | SOCIAL SECURITY CLAIM NUMBER

STUDENT'S SOCIAL SECURITY NUMBER | STUDENT'S EXPECTED GRADUATION DATE (FROM PAGE 2) | MONTH, YEAR

INDIVIDUAL IDENTIFIED ABOVE CEASED TO BE A FULL-TIME STUDENT AT THIS SCHOOL ON (MONTH, DAY, YEAR)

**REASON:**

1. Withdrawal, suspension, or expulsion
2. Changed to part-time status
3. Failed to continue in full-time attendance at start of new term (or new school year)
4. Other (Explain) \_\_\_\_\_

NAME AND ADDRESS OF SCHOOL

**I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.**

SIGNATURE (OR FACSIMILE) OF SCHOOL OFFICIAL | PRINTED NAME

TITLE | DATE

**IMPORTANT INFORMATION ABOUT THIS FORM**

This form contains the name, date of birth, and Social Security claim number of a child beneficiary who tells us that he/she is (or will be when school resumes) a full-time student at your school. One of the conditions a child between 18 and 19 must meet to receive Social Security benefits is that he/she be a full-time student.

**Full-Time Attendance**

For Social Security purposes, a student in "full-time attendance" is one who is attending an elementary or secondary school and is enrolled in a day or evening non-correspondence course at least 13 weeks in duration. In addition, the student must be scheduled to attend at the rate of at least 20 hours weekly and be carrying a subject load that is considered full-time for day students under the school's standards and practices. If there is any question about whether a student's attendance is full or part-time, please apply your school's usual criteria.

**What to Report**

Please hold this form until the student is no longer a full-time student at your school (whether this is during the current school year, at the start of the next school year, or any time after that). Then, enter the date he/she stopped being a full-time student, check the appropriate box above and return the completed form to the Social Security office shown above. You should not return the form to report that attendance stopped for a scheduled break (e.g., summer break) unless you do not expect the student to return after the break. **You should report if the student stops attending school full-time, or graduates earlier than the expected graduation date shown above.** The people in your Social Security office will be glad to help you with any questions concerning this form or any other questions you have about Social Security. **For more information, please see:** [www.socialsecurity.gov/schoolofficials/](http://www.socialsecurity.gov/schoolofficials/).

Thanks for your cooperation.

## Privacy Act Statement Collection and Use of Personal Information

Sections 202(d) and 205(a) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on your claim.

We will use the information to verify your school attendance and eligibility for student benefits. We may also share your information for the following purposes, called routine uses:

- To third party contacts where necessary to establish or verify information provided by representative payees or representative payee applicants; and
- To claimants, prospective claimants (other than the data subject), and their authorized representatives or representative payees, to the extent necessary to pursue Social Security claims; to representative payees, when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting us in administering representative payment responsibilities under the Social Security Act; and to representative payees, for the purpose of assisting them in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422. Additional information, and a full listing of all our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

**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 (OMB) control number. We estimate that it will take about 10 to 15 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

**STUDENT SHOULD DETACH AND KEEP THIS INFORMATION FOR FUTURE REFERENCE****INFORMATION ABOUT BENEFITS PAST AGE 18**

If you qualify for Social Security benefits because you are a full-time student, you can start receiving benefits as early as age 18 and usually through the month you graduate from secondary school, or the month before age 19, whichever is earlier. Your benefits will be paid in your own name beginning at age 18, either by direct deposit or by mail. Generally, we consider you to be a full-time student if you are in full-time attendance at a school that provides education at the secondary (grade 12) level or below. Full-time attendance means you are scheduled to attend classes at the rate of 20 hours per week, or at the rate determined by your school to be full-time (if higher).

**INFORMATION ABOUT BENEFITS PAST AGE 19**

Your benefits may continue past age 19 if you are in actual full-time attendance at a school that provides elementary or secondary education in the month you become age 19. If the school operates on a yearly basis, then payment may be continued after age 19 up through the earlier of (1) the month you complete the course in which you are enrolled full-time or (2) the second month after the month you become age 19. If the school requires re-enrollment on other than a yearly basis, benefits may continue through the month ending the term that is in progress when you become age 19. Note that payments beyond age 19 cannot be made if you become age 19 in a month of nonattendance (for example, you become age 19 in a month when you are on summer vacation).

**IMPORTANT RESPONSIBILITIES**

**YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF:**

- YOU MARRY
- YOU STOP ATTENDING SCHOOL
- YOU REDUCE YOUR SCHOOL ATTENDANCE BELOW FULL-TIME
- YOU CHANGE SCHOOLS
- YOU ARE PAID BY YOUR EMPLOYER TO ATTEND SCHOOL (at the request of or as a requirement of your employer)
- YOU HAVE AN UNSATISFIED WARRANT FOR YOUR ARREST FOR A CRIME OR AN ATTEMPTED CRIME FOR FLIGHT TO AVOID PROSECUTION OR CONFINEMENT OR ESCAPE FROM CUSTODY

**Your benefits may end if any of the above occur. You must report each of these events even if you believe your benefits should not end. We will tell you about how your benefits may be affected.**

**YOU SHOULD ALSO NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF:**

- YOU MOVE OR CHANGE YOUR MAILING ADDRESS
- YOUR ESTIMATED EARNINGS FROM WORK CHANGE

When you are awarded Social Security benefits as a student, you will receive a booklet that further covers your responsibilities. It is important for you to read that booklet.

## Privacy Act Statement Collection and Use of Personal Information

Sections 202(d) and 205(a) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on your claim.

We will use the information to verify your school attendance and eligibility for student benefits. We may also share your information for the following purposes, called routine uses:

- To third party contacts where necessary to establish or verify information provided by representative payees or representative payee applicants; and
- To claimants, prospective claimants (other than the data subject), and their authorized representatives or representative payees, to the extent necessary to pursue Social Security claims; to representative payees, when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting us in administering representative payment responsibilities under the Social Security Act; and to representative payees, for the purpose of assisting them in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422. Additional information, and a full listing of all our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

**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 (OMB) control number. We estimate that it will take about 10 to 15 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***