Social Security Documents

Read Important Instructions on Reverse Side



To claimants below:

Your claim has been received, and you will be notified by mail whether you will receive payments. It is suggested that you keep all documents regarding your claim in this envelope for safekeeping.

Always use your claim number as shown below when writing about your claim.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION

BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

Field Office:

	CLAIMANTS	CLAIM NO.	
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Beginning now you are to notify the Social Security Administration.

- 1. If any claimant under 75 years of age earns more than \$75 in wages in any month in employment covered by the Social Security Act or the Railroad Retirement Act.
- 2. If any claimant under 75 years of age renders substantial services as a self-employed person (whether as sole owner or partner) in an occupation, trade, or business covered by the Social Security Act and expects his net earnings from self-employment to average more than \$75 a month for the taxable year.

An annual report must be filed with the Social Security Administration within 2½ months after the end of any taxable year in which any claimant under 75 years has net earnings from self-employment averaging more than \$75 a month.

- 3. Upon the marriage of any claimant except the insured individual.
- 4. Upon the divorce of any person receiving benefits as the wife or husband of the insured individual.
- 5. Upon the death of any claimant.
- 6. When a widow, parent, guardian, or other person receiving benefits on behalf of a child or incompetent adult no longer has such person in his or her care.
- 7. When a divorced wife or a wife or widow under the age of 65 no longer has in her care a child of the insured individual entitled to benefits.
- 8. When any child claimant is adopted. (If the adoption occurs after the death of the insured individual, notice is not required if the child is adopted by its stepparent, grandparent, aunt, or uncle.)

If any of these events occur, or you change your address, notify the Administration promptly by filling in the proper items on one of the enclosed post-card forms and placing it in the mail.

If you are in doubt whether a job, occupation, or business is covered by the law, or whether benefits are payable, write us, call us, or come in and ask us. We will be glad to help you.

You should return the check for any month in which any of the things listed in items 1, 3, 4, 5, 6, 7, and 8 above occurred. Such check, together with your explanation as to why you are returning it, should be sent to the Treasury Department, Division of Disbursement, at the city shown on the face of the check.

Always use your claim number as shown on front of this envelope when writing about your claim.