



SOCIAL SECURITY ADMINISTRATION

297 Knollwood Road
Suite 4A
White Plains, NY 10607

DO NOT USE THIS FORM TO CHANGE YOUR ADDRESS FOR SSI CHECKS

CHANGE OF ADDRESS REQUEST - SOCIAL SECURITY CHECKS

If you are changing your address for your Social Security checks, please fill in the information requested below and give this form to the receptionist. You do **not** have to wait in the office after completing your request. Please complete a separate form for any other members in your household who will be changing his/her address.

NAME: _____ **DATE:** _____

SOCIAL SECURITY CLAIM NUMBER: _____
(This is the Social Security number shown on your benefit check or on your Medicare card. It is followed by one or more letters.)

NEW ADDRESS: _____
(Street) (Apt. #)

(City, State, ZIP code)

TELEPHONE #: _____

Effective date of new address: _____

The Post Office should also be notified of any change of address because it may take up to six weeks for the new address to be recorded on your checks.

If you receive your benefits by Direct Deposit to your bank account, do you wish this to continue?

YES _____ NO _____

SIGNATURE _____