SOCIAL SECURITY

ABANDON RECLAMATION REQUEST– CHECKS	
MAIL TO:	**FROM**: Social Security Administration
Financial Management Service (FMS)	Requester is located at (complete one):
P.O. Box 515	PC #:
Philadelphia, PA 19105	RO:
(FAX) 215-574-2508	FO #:

Please **abandon reclamation** for the Social Security/SSI **check** payment(s) below:

NAME OF BENEFICIARY/RECIPIENT:	CLAIM NUMBER/SSN:

Check Symbol (4 digits)	Check Number (8 digits)	Payment Date	Amount	Check Range, if Manual OTP	Paid Date, if Manual OTP

Reason for abandoning reclamation (*Choose reason*):
___ Beneficiary/Recipient is alive.
___ Estate or withdrawer has repaid SSA directly.
___ Previous date of death incorrect; correct date of death is:_____
___ Other _____

Name of Requester (*Print*):	Signature of Requester:

Phone:	Fax:	Email:	Date of Request:

Form **SSA-1714-OP1 (7-2010)** (Destroy prior editions.)