

Notice of Change in Earnings Status

*January 2016*

Beneficiary Name: SSN:

Type of Social Security benefits (check all that apply)

 SSI CDB  SSDI DWB

Type of Change:

 Start employment, effective date

  Stop employment, effective date

  Change in earnings, effective date

Additional Information Regarding Change (for employment start or stop please list employing company, immediate supervisor name and contact information, job title, rate of pay and pay dates. For earnings change, please describe the change in salary/wage, hours worked or other relevant change):

Applicable Work Incentives (please indicate which work incentives this individual is eligible for, will be requesting a determination on, or is currently utilizing. Please attach written requests for work incentives that require approval from Social Security personnel):

  Impairment Related Work Expenses (IRWE)

  Student Earned Income Exclusion (SEIE)

  Blind Work Expenses (BWE)

  Plan for Achieving Self-Support (PASS)

  Subsidy/ Special Conditions – wage employment

 Subsidy/Special Conditions – self-employment (unpaid help or unincurred business expense)

  No specific work incentives are applicable at this time

This individual is receiving vocational rehabilitation and/or employment services from the following agency:

Agency Name:

Address:

Contact Person: Phone No:

E-mail Address:

Signature of Beneficiary

or Representative Payee: Date: