

Notice of Change in Earnings Status

Beneficiary Name _____ SSN _____

Type of SSA benefits (Circle all that apply) SSI SSDI CDB 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 which require approval from SSA 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 supported employment services from the following agency (provide agency name & address with contact person's phone number and email address):

Signature of Beneficiary or Representative Payee and Date