

Notice of Change in Earnings Status

Beneficiary Name: _____ SSN: _____

Type of SSA 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 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. Please provide the following:

Agency Name: _____

Address: _____

Contact Person: _____ Phone No: _____

E-mail Address: _____

Signature of Beneficiary
or Representative Payee _____ Date _____