

Social Security Administration
500 Lead SW, Suite 100
Albuquerque, NM 87102

**ADD to My SSA
account**

SSN:

Telephone #:

EMPLOYMENT CHANGE NOTIFICATION

TITLE II Claims Representative:

I am reporting:

() Started employment: effective date _____

() Stopped employment: effective date _____

() Changed in earnings: effective date _____

() Change in status: effective date _____: Explain: _____

I will keep copies of my pay receipts or my cash flow statement for the wages I received each month.

I was employed Doing self-employment EIN: _____

Name of Company: _____ Job Title: _____

Immediate supervisor: _____

Address: _____

Rate of Pay: \$ _____ Hours per week: _____

Pay Dates: _____ Average monthly earnings: \$ _____

Based on my earnings, I will be using:

A Trial Work month.

An Extended Period of Eligibility month and: () I am () I am not eligible for my SSDI cash benefit.

I am in my extended period of eligibility so I am requesting:

Impairment-Related Work Expenses of \$ _____. **I will keep the list of expenses and copies of the receipts each month.**

Subsidy valued at \$ _____. **Please see Subsidy letter/form on file.**

Unincurred Business Expense of \$ _____. **I will keep the list of expenses and copies of the receipts each month.**

If you disagree with my information, please contact me.

Date

Signature of Beneficiary or Representative Payee