

Social Security Administration
4433 Jager Drive
Rio Rancho, NM

SSN:

Telephone #:

EMPLOYMENT CHANGE NOTIFICATION

TITLE XVI Claims Representative:

I am reporting:

- Started** employment: effective date _____
- Stopped** employment: effective date _____
- Changed in earnings:** effective date _____
- Change in status:** effective date _____ 1619(a) 1619(b)

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

I was employed Self-employed by:

Name of Company: _____ EIN: _____

Job Title: _____ Supervisor: _____

Address: _____

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

Pay Dates: _____ Average monthly earnings: \$ _____

I am claiming:

- Impairment-Related Work Expenses of \$ _____. **I will keep the list of expenses and copies of the receipts each month.**
- P.A.S.S. savings of \$ _____.
- Student Earned Income Exclusion of \$ _____. **Information on file.**
- Blind Work Expenses of \$ _____. **I will keep the list of expenses and copy of receipts each month.**
- Property Essential to Self-Support.

Based on my earnings, I am am not eligible for adjusted SSI cash benefits

If you have any questions please contact me.

Date

Signature of Beneficiary or Representative Payee