



Last Name First Name MI

Social Security#: _____

Date of Birth: ____/____/____

**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE ON REPORT EARNINGS,
RULES AND PRACTICES**

Part 1. By signing below, I am acknowledging that:

- I am either the beneficiary or the beneficiary personal representative;
- I have received a copy or received information to obtain “SSA Work Incentives” for Social Security Administration/Ticket-to-Work Program; and
- I understand that I may contact the person named in the Notice if I have questions about the content of the Notice.
- I understand that I should notify Healthways Services contact representative person named in the Notice and my local Social Security Administration office immediately if:
 - I start or stop work;
 - My duties, hours, or pay change;
 - I start paying for expenses necessary to work, due to my disability.
- I understand that if I’m a Social Security Income (SSI) beneficiary, in certain circumstances, I must also report earnings for others:
 - Spouse, if he or she lives with the beneficiary;
 - Parent(s), if the beneficiary lives with them and is younger than age 18, and
 - Sponsor, if the beneficiary is not a U.S. Citizen, even if the sponsor does not live with the beneficiary.
- I understand that I should report my earnings to SSA and Healthways Services at least monthly or if any changes in work activity by phone, mail, or in person.
- I understand and I agree to review the **2018 – SSA RED BOOK** and request a **BPQY (Benefits Planning Query)** from the Social Security Administration Office.
- *Please Note:* To report wages by phone, you should call SSA automated phone system at **1-(800) 772-1213**. Alternatively, you may mail or take your pay stubs to your local Social Security office at the beginning of each month. Pay stubs should include overtime, vacation pay, and bonuses (if Applicable). As a beneficiary you can find your local office by going to SSA website at <http://www.socialsecurity.gov>. You should also submit receipts for disability-related items or services necessary for work. SSA will provide beneficiaries with

a receipt to verify their report, which you should keep up with all other important papers from Social Security.

- I understand that all beneficiaries are *required* to report their wages as soon as they receive the last pay stub each month, but no later than the 10th day of the next month. For example, we must receive all January pay stubs no later than *February 10th*. Also, beneficiaries should also report any changes in the amount of their wages no later than the 10th day of the next month.
- I understand and acknowledge that the representative at Healthways Services urged me and notified me to report my wages to help prevent overpayments.
- I understand that in the event of an overpayment, SSA will notify me (beneficiary) and/or my representative payee (if applicable).
- I understand that if I go into overpayment I will have three options for handling an overpayment in the following:
 - *Repayment* – If a beneficiary agrees with the overpayment. For Social Security benefits, SSA may collect an overpayment by withholding the full amount of the benefit each month, unless the beneficiary requests and we approve a lesser amount. For SSI, SSA may withhold 10 percent of the maximum federal benefit rate amount each month, unless SSA agree to other arrangements. If the individual no longer receives disability benefits, he or she must either pay the entire amount of the overpayment within 30 days or set up a monthly payment plan with SSA. If this does not occur, Social Security can recover the overpayment from the individual’s federal income tax refund or wages if the individual is currently working. SSA can also recover overpayments from future SSI or Social Security benefits. Lastly, SSA report the delinquency to credit bureaus.
 - *Appeal* – If a beneficiary does not agree that he was overpaid, or that the amount is incorrect. The beneficiary may appeal by filing form SSA-561. The form is available online at <http://www.socialsecurity.gov/online/ssa-561.html>.
 - *Waiver* – If a beneficiary does not believe he or she should have to pay the money back because the overpayment was not his or her fault and paying it back would cause financial hardship or would be unfair.

Resources:

Indicated below you will find the following resources to educate beneficiaries about wage reporting and preventing overpayments:

- Reporting Your Wages When You Receive Supplemental Security Income (SSI) - <http://www.socialsecurity.gov/pubs/EN-05-10503.pdf>
- Overpayments - <http://www.socialsecurity.gov/pubs/EN-05-10098.pdf>
- SSA Work Incentives “*Working While Disabled—How We Can Help*” - <http://www.socialsecurity.gov/pubs/EN-05-10095.pdf>

Signature of beneficiary or parent/legal guardian/legally responsible person

Date

Description of relationship to beneficiary

TO BE COMPLETED BY STAFF
Complete all applicable parts—Please refer to instructions

Part 2. Complete if signature requested but not obtained:

Staff member sought but was unable to obtain an acknowledgment from the beneficiary or the beneficiary's personal representative for the following reason:

Beneficiary/personal representative refused to sign form

Other _____

Part 3. Complete if beneficiary/personal representative unavailable to sign form on first date of service delivery:

Form mailed/sent to beneficiary/personal representative on _____.
Date

Part 4. Complete if either Part 1, Part 2 or Part 3 completed:

Print staff member name

Signature of staff member

Date