

Employment Network Split Payment Request Form

Beneficiary SSN:					
Employment Networks					
Current EN:			Prior EN:		
DUNS:			DUNS:		
Ticket Assignment Date:			Ticket Assignment Date:		
Contact Name:			Contact Name:		
Phone:			Phone:		
Prior EN:			Prior EN:		
DUNS:			DUNS:		
Ticket Assignment Date:			Ticket Assignment Date:		
Contact Name:			Contact Name:		
Phone:			Phone:		
<p>PROPOSED SPLIT PAYMENT</p> <p>Please review the options below and indicate which split payment method would be most applicable to the ENs requesting payment. [PLEASE NOTE: This applies for the duration of the beneficiary's ticket]</p>					
<p>I WANT MAXIMUS TO MAKE THE SPLIT PAYMENT DETERMINATION</p> <p>Please check the box below to indicate that you would like MAXIMUS to determine the split payment percentages</p> <p style="text-align: center;"><input type="checkbox"/></p>					
<p>I WANT MAXIMUS TO USE THE AGREED UPON SPLIT PAYMENT ALLOCATION CHART BELOW</p> <p>In the event there is two or more ENs involved in the split payment process for a beneficiary, the percentage must be in denominations of 10 and the total for each payment request types should equal to 100%. Remember the split will apply to all payment requests for the duration of the ticket.</p> <p>Please refer to examples outlined below for assistance in filling out the chart.</p>					
<p>Example#1- Title II or Concurrent beneficiary-- Two ENs involved</p>					
Payment Types	Payment requests	Current En Name: ABC, Inc	Prior En#2 Name: 123 Company	Prior EN#3 Name:	Prior EN#4 Name:
Phase One Milestones	P1M1-4	80%	20%		
Phase Two Milestones	P2M1-11	90%	10%		
Outcome Payments	O 1-36	100%	0%		

Example#2- Title 16 beneficiary/Three ENs involved

Payment Types	Payment requests	Current En Name: ABC, Inc	Prior En#2 Name: 123 Company	Prior EN#3 Name: XYZ, Inc	Prior EN#4 Name:
Phase One Milestones	P1M1-4	30%	10%	60%	
Phase Two Milestones	P2M1-18	40%	10%	50%	
Outcome Payments	O 1-10	50%	0%	50%	
	O 11-60	70%	0%	30%	

SPLIT PAYMENT CHART FOR TWO OR MORE ENs

Following the examples above please fill out the chart below:

PAYMENT TYPES	PAYMENT REQUESTS	Current EN Name:	Prior EN#1 Name:	Prior EN#2 Name:	Prior EN#3 Name:	Prior EN#4 Name:
Phase One Milestones						
Phase Two Milestones						
Outcome Payments						

We have discussed the services provided to the Ticket holder and agree to split the EN payments as requested above.

EN Signature:	Date:
EN Signature:	Date:
EN Signature:	Date:
EN Signature:	Date:

NOTE: MAXIMUS will make the actual determination regarding the allocation of payments to EN's requesting payment for the same outcome, milestone, or reconciliation payment under its elected payment system.

**Privacy Act Statement
Collection and Use of Personal Information**

Public Law 106-170 and Section 1148 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to document requirements towards achieving your employment goal. The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent you from pursuing your employment goal under the Ticket to Work program.

We rarely use the information you supply for any purpose other than for the Ticket to Work program. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To State agencies or Employment Networks having an approved business arrangement with Social Security to perform vocational rehabilitation services for disability beneficiaries and recipients; and
4. To facilitate audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs. Complete lists of routine uses for this information are available in Systems of Records Notice 60-0300 (Ticket-to-Work Program Manager (PM) Management Information System). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.ssa.gov or at your local Social Security

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about XX minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO MAXIMUS TICKET TO WORK, PO BOX 1433,**

ALEXANDRIA, VA 22313 OR FAX TO 703-893-4020.

You may send comments on our time estimate above to SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

Send only comments relating to our time estimate to this address, not the completed form.