

Universal Auto Pay Request Form

Please fill in the following information in order to enroll in Universal Auto Pay for **ALL** of your assigned Ticket-holders.

EN Name: _____

EIN: _____

DUNS Number: _____

Your Name: _____

Title: _____

By selecting the option below, you are signing up to receive the following:

- Quarterly Earnings alert for all your Ticket-holders to tell you who is working above Trial Work Level (TWL)
- Automated payments with the 3-month delay for Outcomes 1 – 12
- Automated payments the following month for Outcomes 13 and beyond

Please place ALL of our assigned Ticket-holders on Universal Auto Pay.

Certain requirements for eligibility apply. In order for your EN to qualify for Universal Auto Pay, you must meet all the following criteria:

- Have a current EN agreement with SSA in good standing
- Have at least five (5) Tickets assigned
- Have no overpayments or be able to pay back current overpayments

In order to have your Ticket-holders placed on Auto Pay, you must also sign under the following statement:

Note: By signing below, you as the EN agree to repay any payments received (or allow the amount to be deducted from future payments) if it is determined at a later date that you were not entitled to payment.

Signature

Date

Please fax this form to MAXIMUS at 703-893-4149. If you have any questions regarding UAP or this form, call the Technical Assistance and Support Center (TASC).