



Insert Date

Your POD Study ID:
StudyID#

Beneficiary First Name Beneficiary Last Name
Beneficiary Address 1, Beneficiary Address 2
Beneficiary City, State Zip

Dear Beneficiary First Name Beneficiary Last Name,

You are receiving this letter because you enrolled in the Social Security Administration's Promoting Opportunity Demonstration (POD) in POD_RA_MONTHANDYEAR. Each year, the Social Security Administration compares the amount of SSDI benefits paid to beneficiaries the previous year to the amount of benefits that should have been paid, based on beneficiaries' actual earnings for that year.

Who Needs to Respond to this Letter?

This letter applies to you if you earned over the \$2018 POD threshold monthly POD threshold for at least one month during the period when you were actively enrolled in POD last year: POD_RA_MONTH YEAR – LAST MONTH OF POD ELIGIBILITY 2018. If this letter applies to you, review the attached table on page 4 listing your reported earnings and Impairment Related Work Expenses (IRWEs) and follow the instructions below to help ensure that SSA paid your benefits correctly in 2018. You do not need to respond if you did not earn over the \$2018 POD threshold monthly POD threshold while you were in POD.

What do I Need to Submit?

The following steps will help you determine if you need to submit documentation to the POD project. Remember that earnings for a month are based on the date paid, not the date earned.

Step 1: Review Pre-POD Earnings. Your pre-POD earnings is the total amount you were paid in 2018 before the month that you enrolled in POD, POD_RA_MONTHANDYEAR. Review the amount listed under "Earnings" in the attachment.

- **Matches:** If the \$FIRST ROW AMOUNT amount listed in the first row equals what you were paid from all of your employers during your pre-POD period, you do not need to submit any additional information to document pre-POD earnings. Proceed to Step 2.
- **Does not Match:** If the \$FIRST ROW AMOUNT amount listed in the first row does **not** match what you were paid from all of your employers during your pre-POD period, or if no pre-POD earnings were submitted, please submit your last paystub(s) paid prior to POD_RA_MONTHANDYEAR. Instructions for how to submit paystubs, along with how to document \$0 in pre-POD earnings, are listed in the "How do I Submit Documentation?" section of this letter. Proceed to Step 2.

Step 2: Review Earnings while in POD. Review the amount listed under “Earnings” in the attachment for each month you were in POD in **2018 (POD_RA_MONTH - LAST MONTH OF POD ELIGIBILITY IN 2018)**. If there were months last year that you did not report your earnings to the POD project, these months are identified in the table with “None submitted”. SSA used the earnings you reported for the most recently reported prior month to calculate your benefits for these months.

- **Matches:** If the amount listed in the table for each month you were in POD equals the sum of what you were paid by each employer for that month, you do not need to submit any additional information. Proceed to Step 3.
- **Does not Match:** If the monthly amount listed in the table does **not** equal the amount of what you were paid by all of your employers, submit all of your paystubs for each month that the table lists incorrect earnings. If the table displays “None submitted” you will want to submit documentation for those months to ensure SSA is calculating your benefits correctly. If you are missing paystubs for an employer, submit as many paystubs as you can for the employer. Instructions for how to submit paystubs, along with how to document \$0 earnings, are listed in the “How do I Submit Documentation?” section of this letter. Proceed to Step 3.

Step 3: Review IRWEs while in POD. IRWEs include medical expenses or medically-necessary transportation expenses that you pay out-of-pocket and that are required due to a disabling condition. Review the amount listed under “IRWEs” in the attachment for each month you were in POD (**POD_RA_MONTH - LAST MONTH OF POD ELIGIBILITY IN 2018**). When reviewing your IRWE expenses, note that IRWEs should only be submitted for months in POD in which your earnings exceeded **\$2018 POD threshold** and the IRWEs you paid exceeded **\$2018 POD threshold**. If you have additional IRWEs to claim, you must submit receipts for these expenses. Instructions for how to submit receipts are listed in the “How do I Submit Documentation?” section of this letter.

Step 4: Review Post-POD Earnings. Your post-POD earnings is the total amount you were paid in 2018 after you were no longer actively participating in POD (**LAST MONTH OF POD ELIGIBILITY IN 2018** – December 2018.) Review the amount listed under “Earnings” in the second to last row of the attachment.

- **Matches:** If the **\$SECOND TO LAST ROW AMOUNT** amount listed in the post-POD period row equals what you were paid from all of your employers during your post-POD period, you do not need to submit any additional information to document post-POD earnings.
- **Does not Match:** If the **\$SECOND TO LAST ROW AMOUNT** amount listed in the post-POD period row does **not** match what you were paid from all of your employers during your post-POD period or if no post-POD earnings were submitted, please submit your last paystub(s) paid in your post-POD period. Instructions for how to submit paystubs, along with how to document \$0 in post-POD earnings, are listed in the “How do I Submit Documentation?” section of this letter.

How do I Submit Documentation?

You have four options for how to submit any missing documentation to POD: by phone, electronically via the portal, by mail, or by fax. The following table describes when each option can be used.

	When to use each option
Phone	Contact the POD call center (888-771-9188) option to submit: <ul style="list-style-type: none">• Report of \$0 in earnings for one or more months. Note: The POD call center can only be used to report \$0 in earnings. Any earnings above \$0 must be documented through the portal, mail or fax.
Portal	Use the portal (portal.ssapod.org) to submit: <ul style="list-style-type: none">• Paystubs to document pre-POD, POD, and post-POD earnings.• Monthly earnings of \$0. Note that no supporting documentation is required when reporting \$0 earnings.• IRWE documentation for the period while in POD.
Mail or Fax	Use the enclosed postage-paid envelopes or the POD project's fax number (956-217-8594) to submit: <ul style="list-style-type: none">• Paystubs to document pre-POD, POD, and post-POD earnings.• Monthly earnings of \$0.• IRWE documentation for the period while in POD. Note: Complete the monthly reporting form (enclosed) when reporting by mail or fax. A separate form is needed for each month.

When Should I Submit my Documentation?

Please submit your documentation **as soon as possible** so the POD project has time to process your documentation and submit it to SSA by July 1, **2019**.

Who can Help Me with this Request?

If you cannot locate any documentation you need to submit, or if you have questions about this request, please contact **<Counselor name>**, your POD work incentives counselor, at **<Counselor phone number>**. We encourage you to contact your POD counselor if you were **self-employed** in 2018 for assistance identifying what documentation you need to submit. If you need additional copies of the **2018** monthly reporting form, you can make copies of the enclosed form or download the form from the POD website: **www.podssa.org/formlibrary.html**. You can also contact the POD call center at 888-771-9188 to request mailed copies of the **2018** form or additional postage-paid envelopes.

Sincerely,

POD Central Operations

Encl. (2)

ATTACHMENT

2018 Reported Earnings and IRWEs for <First Name Last Name>

Month	Earnings	Impairment Related Work Expenses (IRWEs)
January thru August 2018 (Pre-POD earnings)	\$8,000	Not applicable
September 2018	\$1,000	None submitted
October 2018	\$1,000	\$900
November 2018	None submitted	None submitted
December 2018 (Post-POD earnings)	\$1,500	None submitted
Total Reported Earnings for 2018:	\$11,500	\$900