

OMB No.: 0960-xxxx  
Expiration Date: xx/xx/20xx



## Promoting Opportunity Demonstration (POD) Voluntary Participation Consent Form

### **What is POD?**

- The Social Security Administration (SSA) is conducting a new study called POD for beneficiaries who receive Social Security Disability Insurance (SSDI). If you work or want to work, you might find POD attractive because it uses simpler rules for reporting earnings to SSA. POD also includes new rules to adjust your benefits for earnings. SSA will randomize volunteers into one of three groups. Two out of three volunteers randomized into the POD groups will take part in the simpler rules for reporting earnings.

### **Do I have to participate in POD?**

- No. POD is a voluntary study. There is no penalty if you choose not to participate.

### **What do I need to do to participate in POD?**

- Read, sign, and return this agreement form.

### **When will POD end?**

- POD will end in June 2021. All POD volunteers will return to current SSDI rules when POD ends.

### **Who will see my information and how will they use it in POD?**

- SSA, POD researchers at Mathematica Policy Research, POD staff at Abt Associates who operate the study, and possibly vocational rehabilitation (VR) and Work Incentive Planning and Assistance (WIPA) program staff will see the information. The researchers will use this information to study whether the POD rules improve beneficiaries' outcomes. They will not report your individual information to anyone else.

### **How do POD rules differ from current SSDI rules?**

- The rules tested under POD will allow you to keep some of your benefits when your earnings are high enough that you would otherwise lose them all under current rules. If you discover that current rules are better for you, you can switch back at any time.

### **Will the new POD rules benefit me?**

- You could benefit from the rules tested under POD if you plan to regularly earn more than \$1,200 a month for longer than a year. If you are blind, you could benefit from POD if you plan to regularly earn more than \$2,000 a month for longer than a year. You can call 1-888-771-9188 from 9 a.m. to 9 p.m. eastern time to learn whether POD might be right for you. You can also visit [www.podssa.org](http://www.podssa.org).

**What are the potential risks of participating in POD?**

- If you are selected for the special POD rules, in some situations, your benefits could be lower under POD than under current rules (see “How will working affect my benefits?” in the supplemental information materials).
- There is a small risk of an accidental release of personal information. Mathematica has extensive procedures in place to prevent this from happening. We would inform you immediately of any specific threat to your privacy.

**If I agree to be in POD, what will happen?**

1. You will receive \$25 for signing this form, completing the survey, and returning both in the provided envelope.
2. SSA will randomly assign you to one of three groups shown in a table in the supplemental information materials. Mathematica will notify you via mail about your group.

Mathematica will contact you in the future to ask you to complete one or two follow-up surveys. All of these surveys are voluntary. SSA will pay you for participating in them.

**Can I withdraw from POD?**

- Yes. If SSA assigns you to one of the two groups with special rules, you can choose to return to current SSDI program rules at any time during the demonstration by calling 1-888-771-9188. You can also withdraw from the study if you are in any of the study groups (new rules groups or current rules group) at any time by calling the same number. We will use any information we collected while you were in the study.

**If SSA randomly assigns me to a group with the special POD rules for earnings, will any current SSDI rules still apply to me?**

- Yes. No matter which group SSA randomly assigns you to, the following rules apply:
  - You could be required to undergo periodic medical reviews. You could lose your benefits if SSA determines your medical condition has improved. However, working will not result in a medical review, and participation in POD will not affect selection for these reviews.
  - Your benefits could still be suspended for non-work-related issues.
  - Your auxiliaries (for example, children on your record) will continue to be eligible for monthly benefits as long as you are eligible for benefits during that month. If your monthly SSDI is reduced to \$0.00 due to the POD offset, then your auxiliary's monthly benefit will also be reduced to \$0.00 for that month.
  - If you receive more benefits than you are due in any month, you will have to repay the overpayment. SSA might allow you to repay the overpayment in installments to avoid financial hardship.
  - You will still be eligible for Ticket to Work.

- **Please read each statement below and if you understand each statement, check each box to show you understand. If you do not understand any of the statements below, call 1-888-771-9188 from 9 a.m. to 9 p.m. eastern standard time for additional information.**
- **On the next page, check the box to tell us if you agree to participate in POD and sign this consent form.**
- **Return the last two pages of this form to Mathematica along with the survey included in this packet. You can make a copy for your own records. You must sign the form and check all boxes for the agreement form to be complete.**

**I have read and understand the following statements:**

Agreement statement	I understand
• I understand that the purpose of this study is to test special rules for SSDI beneficiaries who work.	<input type="checkbox"/>
• I understand that my participation is voluntary. I understand that there is no penalty if I choose not to participate in POD.	<input type="checkbox"/>
• I understand that if I agree to take part, SSA, POD researchers at Mathematica, POD staff at Abt who operate the study, and possibly program staff will see my information.	<input type="checkbox"/>
• I understand that under the special POD rules my benefits might be higher or lower depending on my earnings.	<input type="checkbox"/>
• I understand that I will receive \$25 for sending back this signed consent form and completing the survey included in this packet.	<input type="checkbox"/>
• I understand that if I volunteer for POD and send back the consent form and survey in this packet, SSA will randomly assign me to one of three groups.	<input type="checkbox"/>
• I understand that I will be asked to participate in either one or two additional surveys, and that I will be paid to participate in each survey.	<input type="checkbox"/>
• I understand that I can withdraw from the study at any time without penalty by calling Mathematica at the number below.	<input type="checkbox"/>

## SIGNATURE PAGE

### SSDI BENEFICIARY

Please check (✓) one of the following boxes and sign the form:

<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">IF YOU WANT TO BE IN THE STUDY, CHECK (✓) THIS BOX</div> <input type="checkbox"/> YES, I agree to be in the Promoting Opportunity Demonstration study.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">IF YOU DON'T WANT TO BE IN THE STUDY, CHECK (✓) THIS BOX</div> <input type="checkbox"/> NO, I do not want to be in the Promoting Opportunity Demonstration study.
---	--

Sign your name here: \_\_\_\_\_

Print your name here: \_\_\_\_\_

Write the last four digits of your Social Security number: |\_|\_|\_|\_|

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                    MONTH                      DAY                      YEAR

Telephone number: (|\_|\_|\_|)-|\_|\_|\_|-|\_|\_|\_|\_| Today's date: \_\_\_\_\_

**Please place the following items in the prepaid envelope and mail it to Mathematica to receive your \$25 payment:**

- 1) The pages with your signature and the checkboxes (pages 3 and 4 of this form)**
- 2) Your completed survey**

**Questions? Call 1-888-771-9188 from 9 a.m. to 9 p.m. eastern standard time.**

OMB No.: 0960-xxxx  
Expiration Date: xx/xx/20xx



## Promoting Opportunity Demonstration (POD) Voluntary Participation Consent Form for Beneficiaries with Representative Payees

### **What is POD?**

- The Social Security Administration (SSA) is conducting a new study called POD for beneficiaries who receive Social Security Disability Insurance (SSDI). If you work or want to work, you might find POD attractive because it uses simpler rules for reporting earnings to SSA. POD also includes new rules to adjust your benefits for earnings. SSA will randomize volunteers into one of three groups. Two out of three volunteers randomized into the POD groups will take part in the simpler rules for reporting earnings.

### **Do I have to participate in POD?**

- No. POD is a voluntary study. There is no penalty if you choose not to participate.

### **What do I need to do to participate in POD?**

- Read, sign, and return this agreement form.

### **When will POD end?**

- POD will end in June 2021. All POD volunteers will return to current SSDI rules when POD ends.

### **Who will see my information and how will they use it in POD?**

- SSA, POD researchers at Mathematica Policy Research, POD staff at Abt Associates who operate the study, and possibly vocational rehabilitation (VR) and Work Incentive Planning and Assistance (WIPA) program staff will see the information. The researchers will use this information to study whether the POD rules improve beneficiaries' outcomes. They will not report your individual information to anyone else.

### **How do POD rules differ from current SSDI rules?**

- The rules tested under POD will allow you to keep some of your benefits when your earnings are high enough that you would otherwise lose them all under current rules. If you discover that current rules are better for you, you can switch back at any time.

### **Will the new POD rules benefit me?**

- You could benefit from the rules tested under POD if you plan to regularly earn more than \$1,200 a month for longer than a year. If you are blind, you could benefit from POD if you plan to regularly earn more than \$2,000 a month for longer than a year.

You can call 1-888-771-9188 from 9 a.m. to 9 p.m. eastern time to learn whether POD might be right for you. You can also visit [www.podssa.org](http://www.podssa.org).

### **What are the potential risks of participating in POD?**

- If you are selected for the special POD rules, in some situations, your benefits could be lower under POD than under current rules (see “How will working affect my benefits?” in the supplemental information materials).
- There is a small risk of an accidental release of personal information. Mathematica has extensive procedures in place to prevent this from happening. We would inform you immediately of any specific threat to your privacy.

### **If I agree to be in POD, what will happen?**

3. You will receive \$25 for signing this form, completing the survey, and returning both in the provided envelope.
4. SSA will randomly assign you to one of three groups shown in a table in the supplemental information materials. Mathematica will notify you via mail about your group.

Mathematica will contact you in the future to ask you to complete one or two follow-up surveys. All of these surveys are voluntary. SSA will pay you for participating in them.

### **Can I withdraw from POD?**

- Yes. If SSA assigns you to one of the two groups with special rules, you can choose to return to current SSDI program rules at any time during the demonstration by calling 1-888-771-9188. You can also withdraw from the study if you are in any of the study groups (new rules groups or current rules group) at any time by calling the same number. We will use any information we collected while you were in the study.

### **If SSA randomly assigns me to a group with the special POD rules for earnings, will any current SSDI rules still apply to me?**

- Yes. No matter which group SSA randomly assigns you to, the following rules apply:
  - You could be required to undergo periodic medical reviews. You could lose your benefits if SSA determines your medical condition has improved. However, working will not result in a medical review, and participation in POD will not affect selection for these reviews.
  - Your benefits could still be suspended for non-work-related issues.
  - Your auxiliaries (for example, children on your record) will continue to be eligible for monthly benefits as long as you are eligible for benefits during that month. If your monthly SSDI is reduced to \$0.00 due to the POD offset, then your auxiliary’s monthly benefit will also be reduced to \$0.00 for that month.
  - If you receive more benefits than you are due in any month, you will have to repay the overpayment. SSA might allow you to repay the overpayment in installments to avoid financial hardship.

- You will still be eligible for Ticket to Work.
- **Please read each statement below and if you understand each statement, check each box to show you understand. If you do not understand any of the statements below, call 1-888-771-9188 from 9 a.m. to 9 p.m. eastern standard time for additional information.**
- **On the next page, check the box to tell us if you agree to participate in POD and sign this consent form.**
- **Return the last two pages of this form to Mathematica along with the survey included in this packet. You can make a copy for your own records. You must sign the form and check all boxes for the agreement form to be complete.**

**I have read and understand the following statements:**

Agreement statement	I understand
• I understand that the purpose of this study is to test special rules for SSDI beneficiaries who work.	<input type="checkbox"/>
• I understand that my participation is voluntary. I understand that there is no penalty if I choose not to participate in POD.	<input type="checkbox"/>
• I understand that if I agree to take part, SSA, POD researchers at Mathematica, POD staff at Abt who operate the study, and possibly program staff will see my information.	<input type="checkbox"/>
• I understand that under the special POD rules my benefits might be higher or lower depending on my earnings.	<input type="checkbox"/>
• I understand that I will receive \$25 for sending back this signed consent form and completing the survey included in this packet.	<input type="checkbox"/>
• I understand that if I volunteer for POD and send back the consent form and survey in this packet, SSA will randomly assign me to one of three groups.	<input type="checkbox"/>
• I understand that I will be asked to participate in either one or two additional surveys, and that I will be paid to participate in each survey.	<input type="checkbox"/>
• I understand that I can withdraw from the study at any time without penalty by calling Mathematica at the number below.	<input type="checkbox"/>

## SIGNATURE PAGE

### SSDI BENEFICIARY

Please check (✓) one of the following boxes and sign the form:

<p style="text-align: center; margin: 0;"><b>IF YOU WANT TO BE IN THE STUDY, CHECK (✓) THIS BOX</b></p> <p style="margin-top: 20px;"><input type="checkbox"/> YES, I agree to be in the Promoting Opportunity Demonstration study.</p>	<p style="text-align: center; margin: 0;"><b>IF YOU DON'T WANT TO BE IN THE STUDY, CHECK (✓) THIS BOX</b></p> <p style="margin-top: 20px;"><input type="checkbox"/> NO, I do not want to be in the Promoting Opportunity Demonstration study.</p>
--	---

Sign your name here: \_\_\_\_\_

Print your name here: \_\_\_\_\_

Write the last four digits of your Social Security number: |\_|\_|\_|\_|

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH                      DAY                      YEAR

Telephone number: (|\_|\_|\_|\_|)-|\_|\_|\_|\_|-|\_|\_|\_|\_| Today's date: \_\_\_\_\_

### REPRESENTATIVE PAYEE

**If you have listed someone with SSA as your representative payee (a person or company that manages your money issues for you), please have the person sign and print their name and telephone number below.**

**Representative payee: By signing this form, you are agreeing that the beneficiary named above may participate in POD.**

Sign your name here: \_\_\_\_\_

Print your name here: \_\_\_\_\_

Telephone number: (|\_|\_|\_|\_|)-|\_|\_|\_|\_|-|\_|\_|\_|\_| Today's date: \_\_\_\_\_

**Please place the following items in the prepaid envelope and mail it to Mathematica to receive your \$25 payment:**

- 1) The pages with your signature and the checkboxes (pages 3 and 4 of this form)
- 2) Your completed survey

**Questions? Call 1-888-771-9188 from 9 a.m. to 9 p.m. eastern standard time.**