

# Social Security Administration

## Retirement, Survivors and Disability Insurance

### Supplemental Security Income

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Date:

Claim Number:

Social Security Number:

Worker's Name:

Dear Sir or Madam:

We are writing to you about . Please assist us by completing the enclosed questionnaire. We are requesting this information in order to determine whether work activity is/was subsidized or was an unsuccessful work attempt under the Social Security rules. The information you provide will not be shared with other agencies and is in no way a negative reflection on the employee, or you as the employer.

#### **Information About Subsidy**

A subsidy exists when an employer willingly pays more in wages than the value of the actual services performed. This is usually for humanitarian reasons. A subsidy can be reflected by giving the employee:

- extra assistance,
- full wages for lower quality or quantity than standard, or
- fewer and/or easier duties than usual for that position.

#### **Information about Unsuccessful Work Attempt**

An unsuccessful work attempt may exist if the employee had frequent absences, performed unsatisfactorily, and worked for six months or less.

Social Security Number:

**What We Need You To Do**

Please have \_\_\_\_\_ direct supervisor or another person having direct knowledge of the employee's work activity complete the work activity questionnaire. We would appreciate it if you would complete, sign and return the questionnaire to this office within 7 days using the enclosed envelope. If you have any questions, or if you would rather provide this information over the telephone, please call \_\_\_\_\_ and ask for \_\_\_\_\_ .

Thank you for your time and assistance.

\_\_\_\_\_  
Manager/Adjudicator Name  
Position Title

Enclosure:  
Work Activity Questionnaire

Social Security Number:

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

Sections 221, 223(d)(4), 1612(b)(4)(B), and 1614(a)(3)(D) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine whether the employee's work activity was an unsuccessful work attempt or whether it is/was subsidized.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed. We rarely use the information you supply us for any purpose other than to make a determination regarding benefit eligibility. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices 60-0089, entitled, Claims Folder System and 60-0103, entitled, Supplemental Security Income Record and Special Veterans Benefits. Additional information about these and other system of records notices and our programs are available online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

**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 (OMB) control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***



**WORK ACTIVITY QUESTIONNAIRE**

Business Name:			
Job Title:			
Hourly Wage		Hours per Week	
Date Work Started		Date Work Stopped	

**Section 1**

1. Does the employee complete all the usual duties required for his/her position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the employee able to complete all of the job duties without special assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the employee regularly report for work as scheduled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. On average, does the employee complete his/her work in the same amount of time as employees in similar positions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Please indicate the type(s) of special assistance, if any, the employee receives on the job that is not regularly given to other employees. (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Fewer or easier duties   | <input type="checkbox"/> Frequent absences          |
| <input type="checkbox"/> Irregular hours          | <input type="checkbox"/> Lower production standards |
| <input type="checkbox"/> Special transportation   | <input type="checkbox"/> Extra help/supervision     |
| <input type="checkbox"/> Less hours               | <input type="checkbox"/> Lower quality standards    |
| <input type="checkbox"/> More breaks/rest periods | <input type="checkbox"/> Special equipment          |

Social Security Number:

6. Based on the information above, approximately how would you rate the productivity of the employee compared to other employees in similar positions and similar pay rates?

- 50% or less of other employees' productivity
- 60% of other employees' productivity
- 70% of other employees' productivity
- 80% of other employees' productivity
- 90% of other employees' productivity
- 100% of other employees' productivity

7. Are you paying the employee more per hour than you would another employee in a similar position?

Yes       No

If Yes, what would you pay another employee in a similar position per hour?

**Section 2**

**Unsuccessful Work Attempt**

1. Was the person frequently absent from work?

Yes       No

2. Did the person do the work under special conditions such as with extra help/supervision, fewer/easier duties, frequent rest periods, or lower production?

Yes       No

3. Was the person's work satisfactory when compared to another employee who worked in a similar position?

Yes       No

**Section 3**

Signature  
and Title

Date

(Telephone Number)