

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: _____ |

PROPOSED SPLIT PAYMENT

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]**

I WANT THE OPERATION SUPPORT MANAGER (OSM) TO MAKE THE SPLIT PAYMENT DETERMINATION

Please check the box below to indicate that you would like Operations Support Manager to determine the split payment percentages

I WANT THE OPERATIONS SUPPORT MANAGER TO USE THE AGREED UPON SPLIT PAYMENT ALLOCATION CHART BELOW

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.**

Please refer to **examples** outlined below for assistance in filling out the chart.

Example #1 - Title II or Concurrent Beneficiary -- Two ENs involved

| 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 - Title16 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 EN's

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: Operations Support Manager 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.

Collection and Use of Personal Information Privacy Act Statement

Section 1148, of the Social Security Act, as amended, authorizes us to collect this information. The information is needed to permit the Social Security Administration (SSA) to verify eligibility for payment. The information you furnish on this form is voluntary. However, failure to provide all or part of the information requested on this form could prevent you from receiving payment.

We rarely use the information you supply for any purpose other than verifying eligibility for payment. 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:

- (1) to enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits a 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 Veteran Affairs);
- (3) to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
- (4) to State agencies or Employment Networks having an approved business arrangement with SSA to perform vocational rehabilitation services for disability beneficiaries and recipients; and
- (5) to facilitate statistical research, 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 and administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in Systems of Record Notices 60-0295 and 60-0300. The notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your local Social Security office.

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 703-683-3289.** *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.*