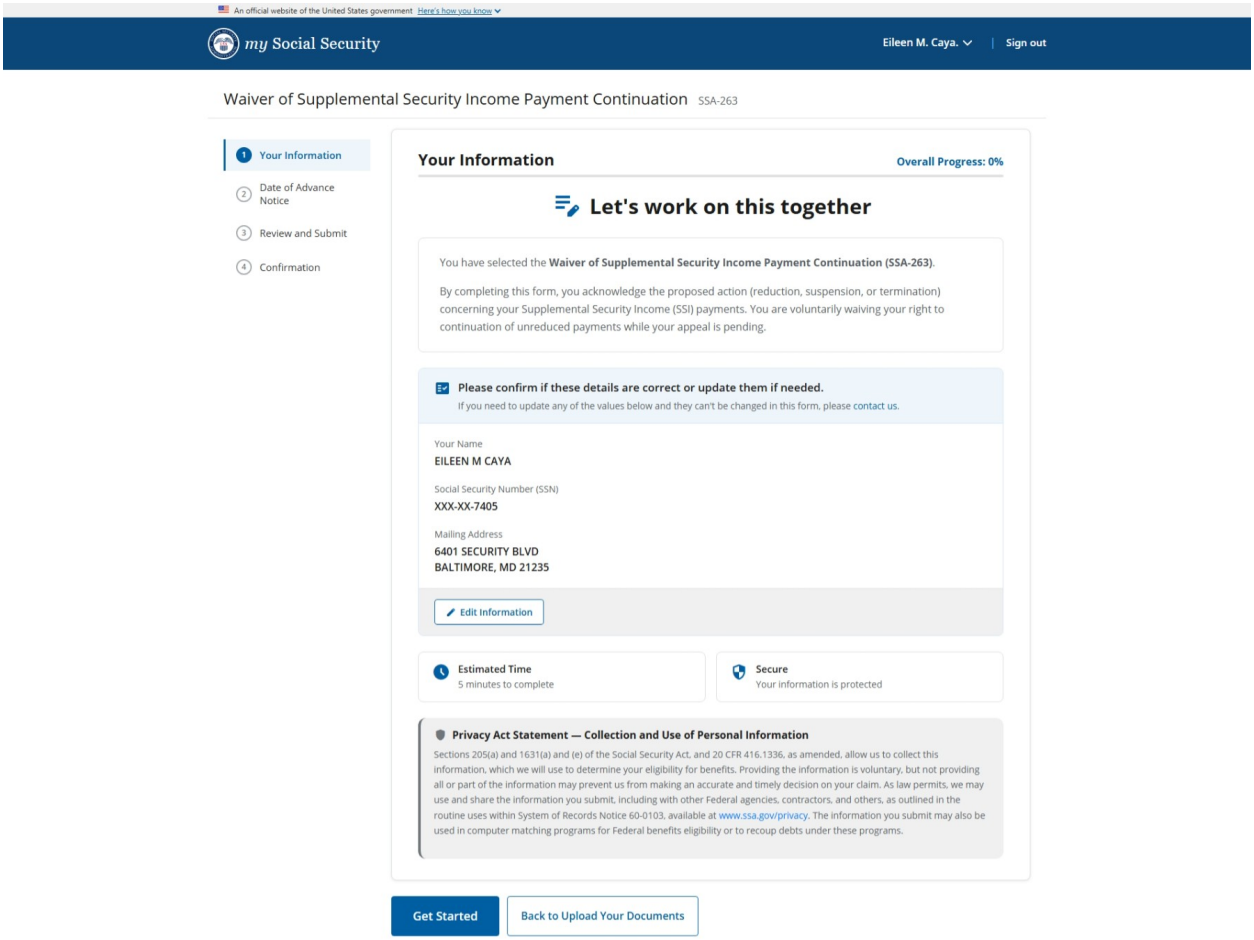
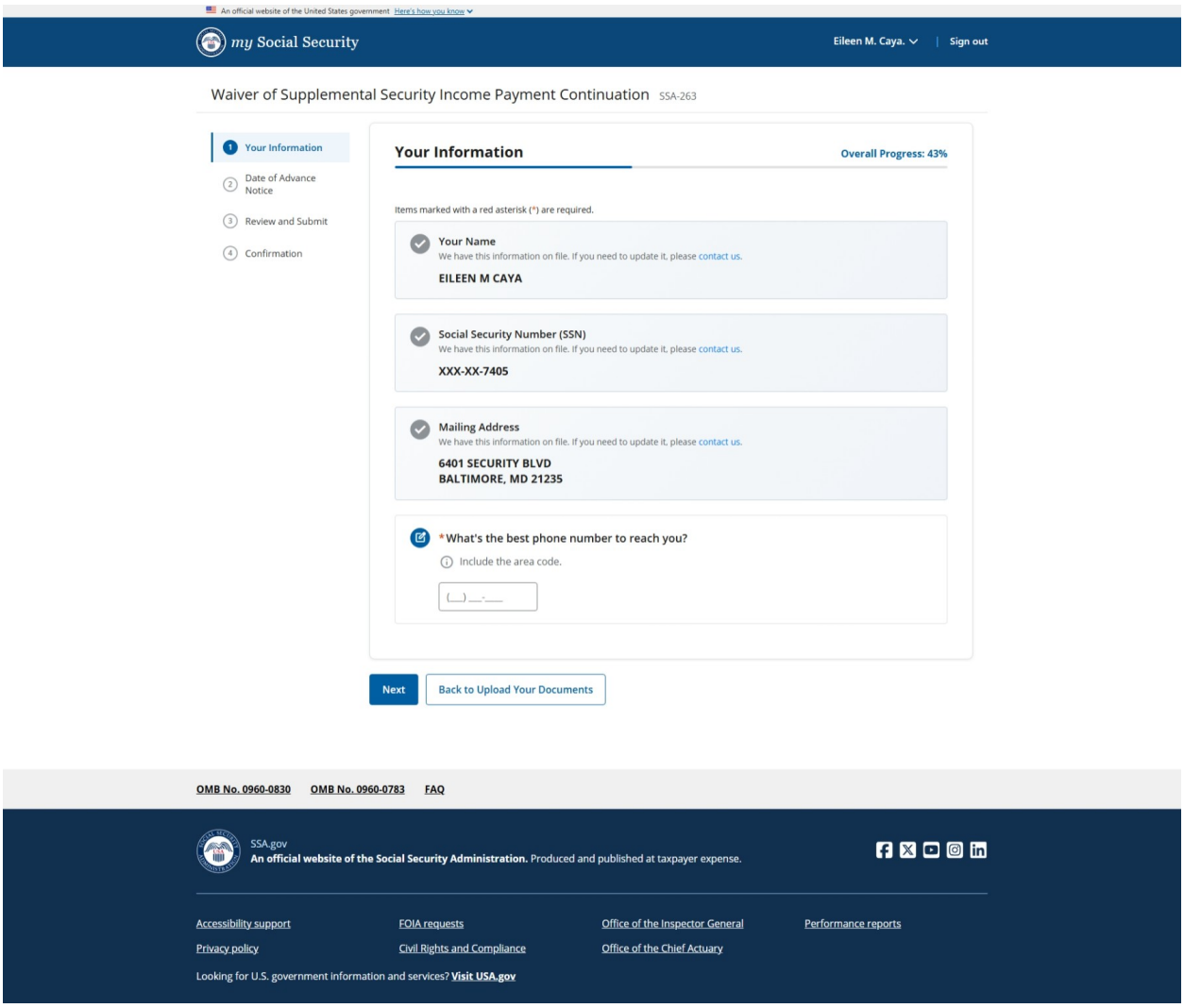
OMB 0960-0783 (SSA-263) – Screen shots from the Upload Documents

- Complete Form SSA-263 Online:

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my Social Security
Eileen M. Caya.
Sign out
Waiver of Supplemental Security Income Payment Continuation SSA-263
1 Your Information
2 Date of Advance Notice
3 Review and Submit
4 Confirmation
Your Information
Overall Progress: 43%
Items marked with a red asterisk (*) are required.
Your Name
We have this information on file. If you need to update it, please contact us.
EILEEN M CAYA
Social Security Number (SSN)
We have this information on file. If you need to update it, please contact us.
XXX-XX-7405
Mailing Address
We have this information on file. If you need to update it, please contact us.
6401 SECURITY BLVD
BALTIMORE, MD 21235
*What's the best phone number to reach you?
Include the area code.
(___) ___-____
Next
Back to Upload Your Documents
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OMB No. 0960-0783
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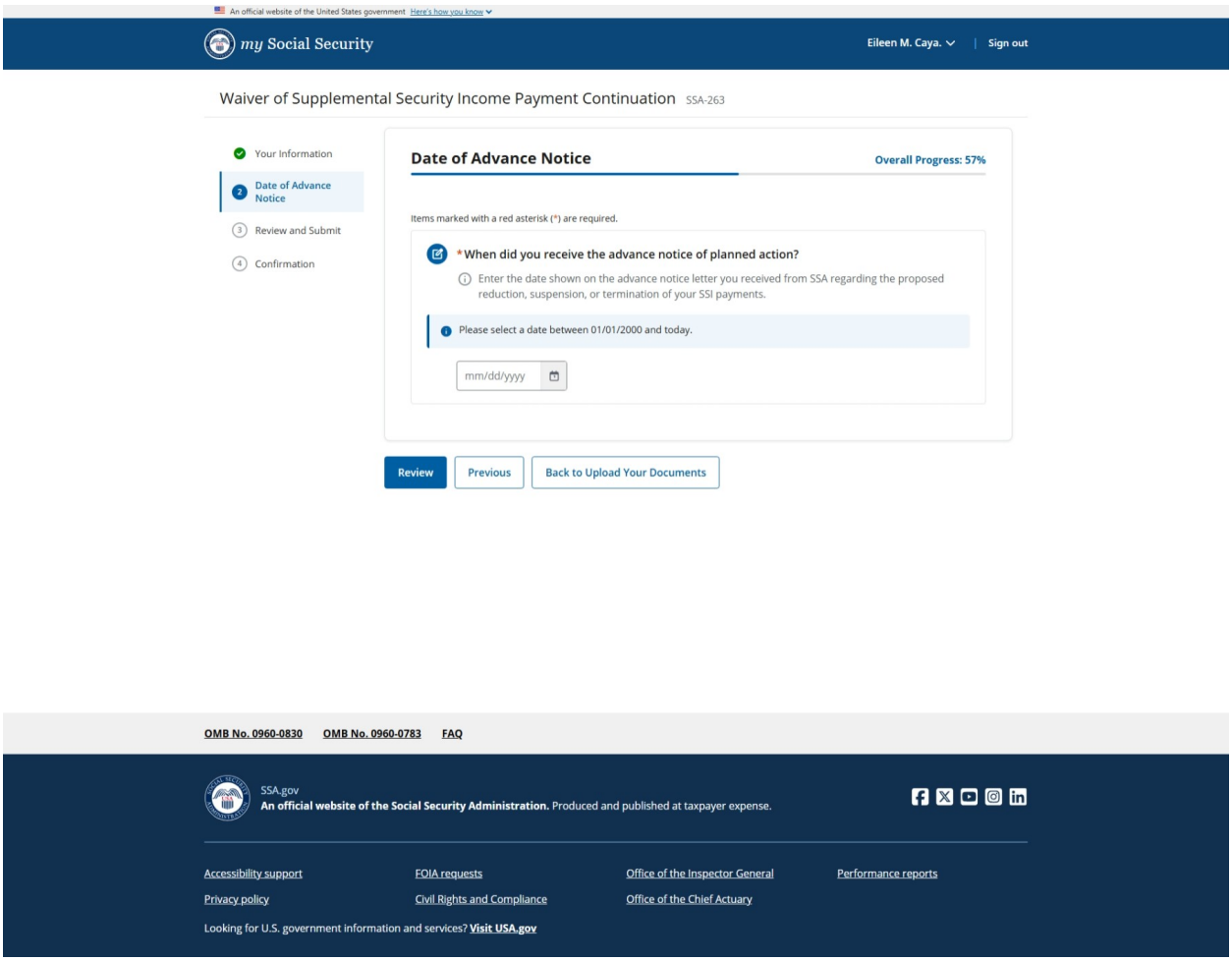
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my Social Security
Eileen M. Caya.
Sign out
Waiver of Supplemental Security Income Payment Continuation SSA-263
Your Information
2 Date of Advance Notice
3 Review and Submit
4 Confirmation
Date of Advance Notice
Overall Progress: 57%
Items marked with a red asterisk (*) are required.
*When did you receive the advance notice of planned action?
Enter the date shown on the advance notice letter you received from SSA regarding the proposed reduction, suspension, or termination of your SSI payments.
Please select a date between 01/01/2000 and today.
mm/dd/yyyy
Review
Previous
Back to Upload Your Documents
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Waiver of Supplemental Security Income Payment Continuation SSA-263

Your Information
Date of Advance Notice
3 Review and Submit
4 Confirmation

Review and Submit

Overall Progress: 99%

Review Your Submission

Please review all information, including the form preview, to verify that you have entered the correct details before submitting. If you choose not to electronically sign the form, you may submit the requested form to your local field office.

Your Information

Edit

Your Name
EILEEN M CAYA

Social Security Number (SSN)
XXX-XX-7405

What is your mailing address?
6401 SECURITY BLVD
BALTIMORE, MD 21235

What's the best phone number to reach you?
(410) 123-3456

Date of Advance Notice

Edit

When did you receive the advance notice of planned action?
06/01/2026

Document Preview

Expand

The document preview will not show your signature and date signed until the document is submitted.

SSA-263 Waiver of Supplemental Security Income Payment Continuation.pdf

Form **SSA-263** (09-2023)
Discontinue Prior Editions
Social Security Administration

Page 1 of 2
OMB No. 0960-0783

WAIVER OF SUPPLEMENTAL SECURITY INCOME PAYMENT CONTINUATION

NAME OF CLAIMANT	SOCIAL SECURITY NUMBER
EILEEN M CAYA	***-**-7405

This refers to the advance notice of planned action I received on 06/01, 20 26.

- I have been advised of the proposed action (reduction, suspension, or termination) concerning my Supplemental Security Income (SSI) payments. I fully understand the results will have on my monthly payment amounts.
- I understand that I have the right to continuation of unreduced payments until a decision is made on my initial appeal request.
- I understand I may request my unreduced payments be reinstated at any time up to the date I receive a decision on my initial appeal. I understand this includes any retroactive payments back to the month they were reduced, suspended or terminated.
- I understand my rights. I request the Social Security Administration (SSA) take immediate action to make the change in my payments.
- My rights have been explained to me. I voluntarily sign this form.

DRAFT

Electronic Signature

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING THIS FORM

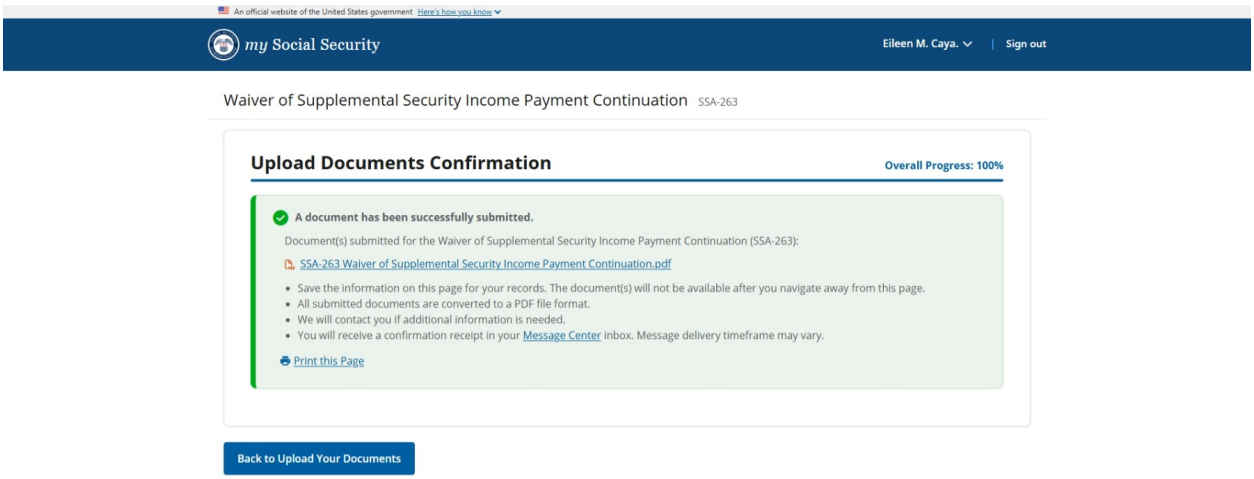
This refers to the advance notice of planned action I received on **06/01/2026**.

- I have been advised of the proposed action (reduction, suspension, or termination) concerning my Supplemental Security Income (SSI) payments. I fully understand how this will affect my monthly payment amounts.
- I understand that I have the right to continuation of unreduced payments until a decision is made on my initial appeal request.
- I understand I may request my unreduced payments be reinstated at any time up to the date I receive a decision on my initial appeal. I understand this includes any retroactive payments back to the month they were reduced, suspended or terminated.
- I understand my rights. I request the Social Security Administration (SSA) take immediate action to make the change in my payments.
- My rights have been explained to me. I voluntarily sign this form.

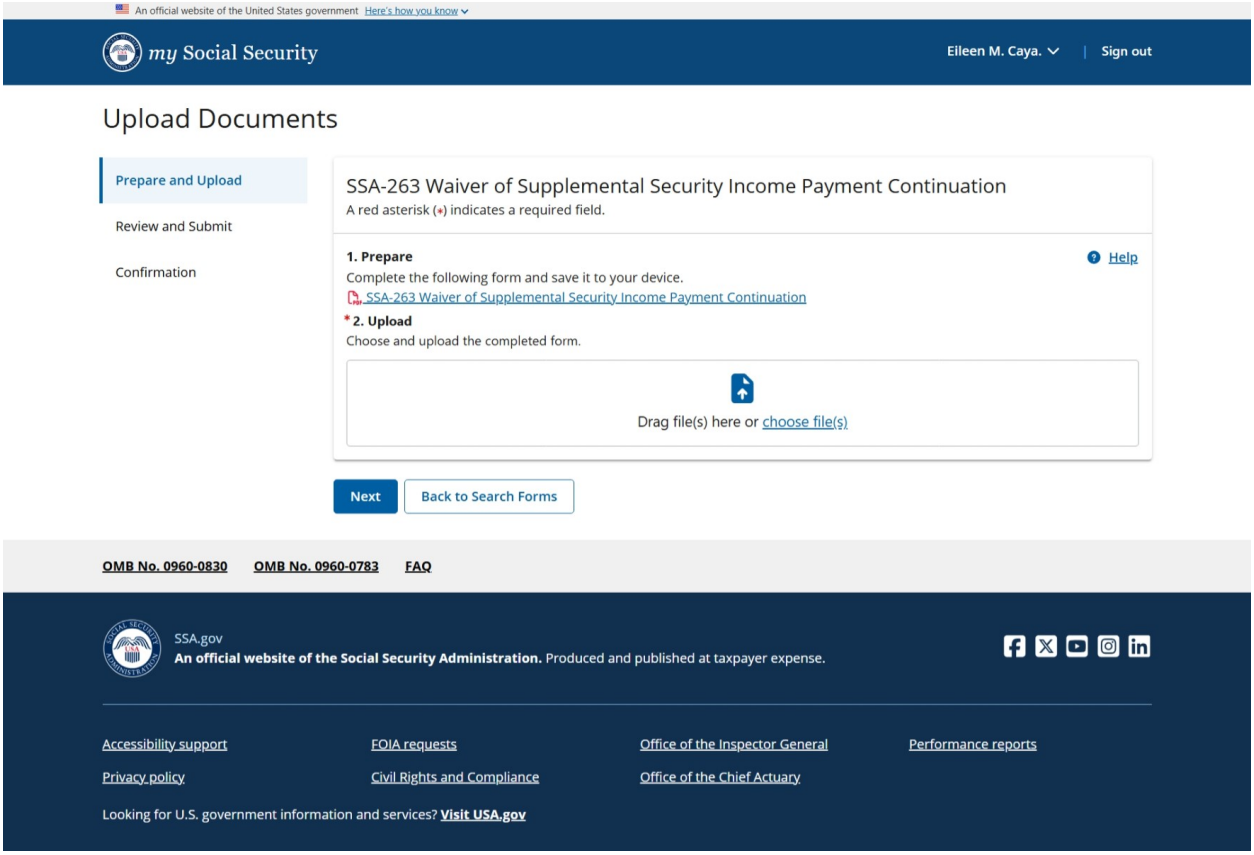
Signature: **EILEEN M CAYA**
Mailing Address: **6401 SECURITY BLVD**
BALTIMORE, MD 21235
Telephone Number: **410-123-3456**
Date: **07/27/2026**

☐ ***I reviewed the document name(s) listed above and confirmed that I uploaded or completed the document(s) I intend to sign. I understand my social security number has been redacted for privacy reasons but will appear on the document(s) I submit. By checking this box, I am certifying that I am the authenticated person named above and I am applying my electronic signature to each signature field in the uploaded or completed document(s) listed above. I agree that my electronic signature has the same meaning, legal effect, and validity as my handwritten signature.**

Submit | Previous | Back to Upload Your Documents



- Prepare and upload Form SSA-263 using Upload Documents: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my Social Security
Eileen M. Caya.
Sign out
Upload Documents
Prepare and Upload
Review and Submit
Confirmation
SSA-263 Waiver of Supplemental Security Income Payment Continuation
A red asterisk (*) indicates a required field.
1. Prepare
Help
Complete the following form and save it to your device.
SSA-263 Waiver of Supplemental Security Income Payment Continuation
*2. Upload
Choose and upload the completed form.
Drag file(s) here or choose file(s)
Next
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Upload Documents

- Prepare and Upload
- Review and Submit
- Confirmation

Review and Submit

A red asterisk (*) indicates a required field.

Please review the information, including the date and document file name(s), to verify you have uploaded the correct document(s) before signing and submitting. If you choose not to electronically sign the uploaded document(s), you may submit the requested documents to your local field office.

SSA-263 Waiver of Supplemental Security Income Payment Continuation

Document(s) Uploaded Edit

All documents are converted to PDF format for preview. If applicable, the preview will not display your signature or the date signed until the document(s) are submitted.

Document Name	Document Preview
SSA-263 (09-2023).pdf	

☐ * I reviewed the document name(s) listed above and confirmed that I uploaded or completed the document(s) I intend to sign. I understand my social security number has been redacted for privacy reasons but will appear on the document(s) I submit. By checking this box, I am certifying that I am the authenticated person named above and I am applying my electronic signature to each signature field in the uploaded or completed document(s) listed above. I agree that my electronic signature has the same meaning, legal effect, and validity as my handwritten signature.

Submit Previous Back to Search Forms

Upload Documents Confirmation

A document has been successfully submitted.

Document(s) submitted for the SSA-263 Waiver of Supplemental Security Income Payment Continuation:

SSA-263 (09-2023).pdf

- Save the information on this page for your records. The document(s) will not be available after you navigate away from this page.
- All submitted documents are converted to a PDF file format.
- We will contact you if additional information is needed.
- You will receive a confirmation receipt in your Message Center inbox. Message delivery timeframe may vary.

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OMB No. 0960-0830 OMB No. 0960-0783 FAQ