

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: 0%

 **Let's work on this together**

You have selected the **Waiver of Supplemental Security Income Payment Continuation (SSA-263)**.

By completing this form, you acknowledge the proposed action (reduction, suspension, or termination) concerning your Supplemental Security Income (SSI) payments. You are voluntarily waiving your right to continuation of unreduced payments while your appeal is pending.

☒ **Please confirm if these details are correct or update them if needed.**

If you need to update any of the values below and they can't be changed in this form, please contact us.

Your Name

EILEEN M CAYA

Social Security Number (SSN)

XXX-XX-7405

Mailing Address

6401 SECURITY BLVD

BALTIMORE, MD 21235

[Edit Information](#)

 **Estimated Time**

5 minutes to complete

 **Secure**

Your information is protected

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

Sections 205(a) and 1631(a) and (e) of the Social Security Act, and 20 CFR 416.1336, as amended, allow us to collect this information, which we will use to determine your eligibility for benefits. Providing the information is voluntary, but not providing all or part of the information may prevent us from making an accurate and timely decision on your claim. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notice 60-0103, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility or to recoup debts under these programs.

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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.

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Waiver of Supplemental Security Income Payment Continuation SSA-263

 Your Information

2 Date of Advance Notice

① 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?**

① Enter the date shown on the advance notice letter you received from SSA regarding the proposed reduction, suspension, or termination of your SSI payments.

① Please select a date between 01/01/2000 and today.

mm/dd/yyyy 

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Waiver of Supplemental Security Income Payment Continuation SSA-263

-  Your Information
-  Date of Advance Notice
-  **Review and Submit**
-  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

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

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

Document Preview

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

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OMB No. 0960-0183

WAIVER OF SUPPLEMENTAL SECURITY INCOME PAYMENT CONTINUATION

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

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.

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my Social Security

Eileen M. Caya, Sign out

Waiver of Supplemental Security Income Payment Continuation

SSA-263

Upload Documents Confirmation

Overall Progress: 100%

✓ A document has been successfully submitted.

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

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

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A red asterisk (*) indicates a required field.

1. Prepare

Complete the following form and save it to your device.

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*2. Upload

Choose and upload the completed form.



Drag file(s) here or [choose file\(s\)](#)

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Review and Submit

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Document(s) Uploaded

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