

Subsidy/Special Conditions Request

Please accept this information as a formal request for consideration of Subsidy/Special Conditions.

Beneficiary/Recipient Name:
SSN:
Type of Social Security benefits received:
Address:
City/State/Zip Code:
Phone Number:
Representative Payee (if applicable):

Part 1: Brief description of current employment status (name and address of employing company, date of hire, job title, rate of pay, and hours worked per week)

Part 2: Itemized list and brief description of proposed Subsidy/Special Conditions. For each item/service, provide a brief explanation of how it meets the Social Security Administration's criteria for subsidy/special conditions as summarized below:

Subsidy/special conditions defined by SSA:

An employer may subsidize the earnings of an employee with a serious medical impairment by paying more in wages than the reasonable value of the actual services performed. When this occurs, the excess will be regarded as a subsidy rather than earnings.

- I. Employer Subsidy: An employer who wants to subsidize the earnings of a worker with a serious medical impairment may designate a specific amount as such, after figuring the reasonable value of the employee's services.
- II. Nonspecific Subsidy: (Employer Cannot Furnish a Satisfactory Explanation Identifying a Specific Amount as a Subsidy) In most instances, the amount of a subsidy can be ascertained by comparing the time, energy, skills, and responsibility involved in the individual's services with the same elements involved in the performance of the same or similar work by unimpaired

individuals in the community; and estimating the proportionate value of the individual's services according to the prevailing pay scale for such work.

- III. Special Conditions: Provided by Employers and/or Organizations Other than the Individual's Employer. Special conditions and certain special on-the-job assistance provided by an employer and/or organization(s) other than an individual's employer must be considered whether or not the individual's employer pays for the assistance directly.

(See POMS DI 10505.010 Determining Countable Earnings for specific information on how subsidy/special conditions provisions are applied to DI cases.)

Itemized List of Proposed Subsidy/Special Conditions

Item/service/support 1:

Cost (if possible):

Explanation of how this item/service meets subsidy/special conditions criteria:

Item/service/support 2:

Cost (if possible):

Explanation of how this item/service meets the subsidy/special conditions criteria:

Item/service/support 3:

Cost (if possible):

Explanation of how this item/service meets the subsidy/special conditions criteria:

Item/service/support 4:

Cost (if possible):

Explanation of how this item/service meets the subsidy/special conditions criteria:

(Attach additional pages as needed)

Other information about this request:

I understand that I am responsible for reporting any changes in any approved Subsidy/special conditions to SSA in a timely fashion.

Thank you for considering this request. I look forward to receiving written notice of the determination within 30 days. Please contact me if you have any questions or require more information to make a determination.

Signature

Date