



a program of GOODWILL-EASTER SEALS®
MINNESOTA

SSI WORK INCENTIVES PLAN

Impairment Related Work Expense (IRWE)

Using Impairment Related Work Expense(s) allows you to keep more of your Supplemental Security Income (SSI) payment when you work.

Impairment Related Work Expenses can be used if you are receiving Supplemental Security Income (SSI), you are working, and you have expenses that are:

- Related to a serious medical condition, and
- Needed in order for you to work, and
- Paid for by you, and will not be reimbursed by another source

Examples of IRWE include:

- Out-of-pocket medical expenses like medication co-pays or medical supplies
- Adaptive equipment
- Vehicle modifications
- Personal care attendant costs
- Service animal costs
- Some transportation expenses

Example showing the value of using Impairment Related Work Expenses (IRWE)

- When Gina isn't working, she receives \$783 of SSI. When Gina works and earns \$885, her SSI payment is reduced to \$383 per month.
- If Gina earned \$885 and had SSA approved IRWE of \$100, her SSI payment would be \$433. She would keep \$50 more in SSI.

As a general rule, using IRWE will allow you to keep half of the cost of the IRWE in the form of your SSI payment.

When we spoke, you reported monthly expenses for the following:

Medication co-pays: \$ _____

Other: \$ _____ for co-pays for medical services _____

\$ _____ for _____

\$ _____ for _____

This is a potential Impairment Related Work Expense (IRWE) and could increase your Supplemental Security Income payment when you work.

If you did not talk with anyone at the Connection, but believe that you may have Impairment Related Work Expenses, write them out on the lines provided above.

If you want to know more about how your SSI payment is determined when you work and use Impairment Related Work Expenses, call the Connection for more information.

Supplemental Security Income (SSI) Work Incentive Plan
Impairment Related Work Expenses (IRWE) continued

To Use Impairment Related Work Expense:

1. Call your SSI Claims Representative:

_____ at: _____

Ask if you can use any of the expenses you listed on the front page as IRWE.

Ask what information you need to send SSI so they can approve your IRWE.

Ask how often you should send your paystubs and IRWE receipts.
2. Gather all the information the SSI Claims Specialist asks you to send in. This may include a form from your doctor (see attached form) and receipts for your IRWE.
3. Send all the information to the SSI Claims Specialist with a note asking her/him to call to let you know if your expenses are approved.
4. **Do not assume you get to use this IRWE until your Claims Specialist says it has been approved.** Call the Connection if you have problems or questions.
5. Keep all of your paystubs and receipts for IRWE in a safe place so they are easy to find.
6. Be sure to send copies of your paystubs and receipts to Social Security when they ask for them.

NOTES TO KEEP

Date you called your Claims Specialist:

What you told our Claims Specialist and what they told you:

Did your Claims Specialist approve your IRWE?

Yes or **No**

What do you need to send them?

When should you send the information in?

Date you sent the information to SSI:

For more information regarding how work will affect your government benefits call the Work Incentives Connection at 651-632-5113 or 1-800-976-6728 or MN Relay - 711.

This information was prepared for you by the Work Incentives Connection. The Connection cannot guarantee that you can use the work incentive, Impairment Related Work Expense. You must get this work incentive approved by your local Social Security office by following the steps outlined above.

SAMPLE DOCTOR'S LETTER:

Name:

Social Security Number:

Doctor's name:

Doctor's address:

Doctor's phone number:

Dear Social Security Claims Specialist:

My patient, _____ requires the following item(s)/service(s) that enable him/her to work:

_____.

I believe that without the item(s)/service(s) listed above, this individual could not sustain his/her work effort.

Please call me if you have any questions.

Signature

Date