

# SSDI WORK INCENTIVES PLAN for Impairment Related Work Expense (IRWE)

Impairment Related Work Expense can be used if you are receiving SSDI benefits; have used your Trial Work Period; and are earning more than the Substantial Gainful Activity level of \$1,260 in 2020.

Using Impairment Related Work Expenses can sometimes allow your Social Security Disability Insurance (SSDI) benefits to continue even though your benefits should stop.

Impairment Related Work Expenses 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

### Why Use Impairment Related Work Expense?

Here is an example of how using Impairment Related Work Expense (IRWE) can keep someone eligible for an SSDI payment even when they earn more than the Substantial Gainful Activity Level.

Joe is receiving SSDI benefits; has used his Trial Work Period; and is earning \$1,300 per month. Since Joe's gross earnings are more than the \$1,260 Substantial Gainful Activity level, he should not receive his monthly SSDI payment.

However, Joe pays \$100 each month for impairment related work expenses. These expenses have been approved by Social Security. Joe's gross earnings of \$1,300 minus his \$100 IRWE = \$1,200 in countable earnings.

Because Joe's countable earnings are now below the Substantial Gainful Activity level, his SSDI payments can continue.

You reported the following potential IRWE:

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**Impairment Related Work Expenses (IRWE) could reduce the amount of your earnings that Social Security counts each month. Remember, you must be earning more than the Substantial Gainful Activity level (\$1,260) to use IRWE.**

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**To Use Impairment Related Work Expense (IRWE):**

1. Call your SSDI Claims Specialist:  
\_\_\_\_\_  
at: \_\_\_\_\_

If you can use any of the expenses listed on the front page as IRWE:

1. Ask what information you need to send SSDI so they can approve your IRWE.
2. Ask how often you should send your paystubs and IRWE receipts.
3. Gather all the information the SSDI Claims Specialist asks you to send in. This may include a letter from your doctor and receipts for your IRWE.
4. Send all the information to the SSDI Claims Specialist with a note asking her/him to call to let you know if your expenses are approved.
5. **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.
6. Keep all of your paystubs and receipts for IRWE in a safe place so they are easy to find.
7. 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 your 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 SSDI:  
\_\_\_\_\_

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

**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:

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Social Security Number:

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Doctor's name:

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Doctor's address:

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Doctor's phone number:

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Dear Social Security Claims Representative:

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

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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