

Date: _____

Local SSA Office Name: _____

To whom it may concern:

I am a recipient of Supplemental Security Income. I am reaching out to you because I am earning wages that will/have reduced my cash benefit to \$0, and want to ensure continued Medicaid eligibility through the 1619(b) program. While I am aware that this process is intended to be automatic, I want to make certain that there are no lapses in my Medicaid coverage. Please see my personal details below.

Name: _____

SSN#: _____

DOB: _____

I can be reached at _____ if you have any questions. Thank you for ensuring that my Medicaid coverage continues. I will continue to report my wages and will alert your office if my status changes.

Sincerely,
