

Date: \_\_\_\_\_

Local SSA Office Name: \_\_\_\_\_

To whom it may concern:

I am a recipient of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and am reaching out to you because, while I may cease to receive SSA benefits due to a medical review, I believe I qualify for continued coverage under Section 301 of the Social Security Act. I am engaged in the following:

- An Employment Network under and Individual Work Plan (IWP)
- A State Vocational Rehabilitation agency under an Individualized Plan for Employment (IPE)
- Other provider of rehabilitation services under an individualized employment plan
- An educational institution under an Individualized Education Program (IEP)

My understanding is that my local field office can initiate the SSA-4290 form to determine my eligibility for Section 301. To confirm my participation in a qualifying program please contact:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

I can be reached at \_\_\_\_\_ if you have any questions. Thank you for assisting me to determine eligibility for Section 301.

Sincerely,

Name: \_\_\_\_\_

SSN#: \_\_\_\_\_

DOB: \_\_\_\_\_