

# EN PAYMENT REQUEST FORM TUTORIAL



MAXIMUS

## EN Payment Request Form - 2010

**This form may be used to request Evidentiary Payment Requests (EPRs) or Certification Payment Requests (CPRs)**

To ensure prompt and accurate payment to your Employment Network, please complete the following form and attach any acceptable earnings information required.

<b>I. Employment Network Information</b>	<b>Section 1:</b> Fill in EN's name and EIN. For question three, do not submit a payment request unless your banking information is current with SSA.
1. EN Organization Name: _____	
2. EIN Number (Tax ID Number): _____	
3. Is the financial institution and bank account information provided to the Ticket to Work Operations Support Manager on the Automated Clearinghouse Payment Enrollment Form (ACH Form) current? Yes ___ No ___ (if No, please contact MAXIMUS @ 1-866-949-3687 before submitting this request)	
<b>Incorrect or outdated information may delay or prevent payment issuance to your Employment Network.</b>	

<b>II. Ticket-holder Information</b>	<b>Section 2:</b> Fill in the ticket holder's name, SSN, the name of their employer and the employer's address if it is available. Indicate the payment method that was selected at the time of ticket assignment
4. Ticket-holder's Name: _____	
5. Ticket Number/Social Security Number: _____	
6. Name of Ticket-holder's Employer: _____	
7. Employer's Address (if available): _____	<b>Section 3:</b> Only needs to be filled out when requesting Phase 1 Milestone 1
8. Payment Method for this Ticket Assignment A. Outcome Payment Method _____ B. Milestone-Outcome Payment Method _____	

<b>III. Phase 1 - Milestone 1 Earnings Information</b> <i>(Complete only if requesting Phase 1 Milestone 1)</i>
Please choose one of the following options by placing an "X" next to your selection:
___ A. The beneficiary achieved TWL earnings during the calendar claim month. (TWL = \$720-2010, \$700-2009, \$670-2008)
___ B. The beneficiary achieved less than TWL, but he/she will achieve TWL earnings within the next 2 months.
___ C. The beneficiary achieved less than TWL earnings and is not expected to achieve TWL earnings within the next 2 months.

<b>IV. Payment Request Details</b>	<b>Section 4:</b> Indicate if this will be an Evidentiary Payment Request or Certification Payment Request. For question ten please indicate the month (s) and year (s) you are requesting
9. Payment Request Type ___ A. Evidentiary Payment Request - <i>(Complete Section VI)</i> ___ B. Certification Payment Request - <i>(Complete Sections VI and VII)</i>	
10. Claim month(s) and year(s) for this payment request: _____ _____	



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**Section 5:** Only needs to be filled out when EN requests an Evidentiary Payment Request

## V. Evidentiary Earnings Information

11. Type of earnings documentation submitted: (these items must be included with this form)
- Pay slips
  - Employer prepared and signed employee earnings statement
  - Records from Third Party Source containing monthly wage information
  - The Work Number  Other

**Section 6:** Only needs to be filled out when EN requests a Certification Payment Request

## VI. Certification Payment Request Details

12. Type of Certification Information (Choose one):
- Recent contact with beneficiary/employer (please circle "beneficiary" or "employer")
  - Attached Earnings Inquiry Request (EIR) response received from MAXIMUS
  - Attached information containing data from the National Directory of New Hires (NDNH)
  - Attached Self Employment Income (SEI) Form (if beneficiary is self-employed)

13. Recent Contact Details (complete only if you selected "recent contact" on item 12):

Type of contact (phone call, email, etc): \_\_\_\_\_

Date of contact: \_\_\_\_\_

Description of information you learned from contact regarding level of earnings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 7:** Needs to be signed if EN requests a Certification Payment Request

## VII. Repayment Agreement (signature required):

By signing below, you as the EN agree to repay any payments received (or allow the amount to be deducted from future payments) if it is determined at a later date that you were not entitled to payment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## VIII. Contact Information for the Employment Network Representative Submitting this Request

**Print Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Section 8:** EN fills out their contact information. MAXIMUS will contact this person if request is incomplete