



TICKET *to* Work

All Employment Network (EN) Payments Call

There will be silence until the call starts at
1:00pm est.

Date: July 26, 2022



Logistics

- Please remain muted at all times during the call, unless called upon by the Facilitator.
- Please feel free to ask a question in the MS Teams chat section, which will be monitored by SSA and TPM.
- If joining via phone and you wish to ask a question, raise your hand utilizing *5 and you will be unmuted by the Facilitator; then press *6 to unmute yourself.
- Please limit questions to one per participant.
 - Additional questions or comments can be sent to:
ENPaymentsHelpdesk@yourtickettowork.ssa.gov.
- Closed Captioning is available for participants who join using the MS Teams Application or you can utilize the separate Closed Captions link provided.
 - To turn on Closed Captions in Teams, go to the three ellipses at the top of the MS Teams window and click on “More Actions” and go down the list to “Turn on live captions.”
 - When using the link option, paste the link in the browser and it will open up a separate window to view Closed Captions.

“Thank You” in advance for your participation!

Agenda

1. Welcome
2. Announcements
3. ePay File Stats
4. ePay Reminders
5. Use of EN Payments Forms
6. Resources
7. Question and Answer Forum

Announcements

Social Security Field Offices Reopen to Public

Social Security Field Offices reopened to the general public in April 2022. Given the increased in-person visits from the public, Field Offices do not have the capacity to handle paper paystubs. Employment Networks (EN) should no longer send or take beneficiary paystubs to Social Security offices on behalf of Ticketholders.

Earnings that ENs submit to Social Security via the Ticket Portal for payment requests are made available to Field Offices through our internal processes. ENs can still mail proof of earnings to the Ticket Program Manager if they are unable to submit them via the Portal or fax. This change does not affect submitting paystubs for EN payments.

ePay File Stats

- The last ePay file was completed in June 2022.
- Processing totals:
 - **Total Claims: 15,971**
 - **Total SSNs paid: 4,620**
 - **Total amount paid: \$8,886,422**
- TPM will start processing the next ePay file the first of August.

ePay Reminders

- Phase 1 Milestone 4 is paid via ePay, but ENs must still submit payment requests for Phase 1 Milestones 1-3 through the Ticket Portal with proof of relationship (PoR).
- Unassigned Tickets are not included in ePay.
- ENs must have passed their annual Services and Support review.
- The ePay file is processed in SSN order not Provider ID (PID).
- Phase 1 Milestone 4, Phase 2 Milestones and Outcomes are paid via ePay. ENs are encouraged not to submit for these payment types via the Portal when the ePay file is being processed. Submitting for such payments slows down processing and causes duplicate claim months.
- If you submit a request for Phase 1 Milestone 4, Phase 2 Milestones or Outcomes during ePay, that SSN will not be processed until it comes up on the ePay list.
- Please allow TPM to pay all available claims via ePay before requesting via the Portal.

Use of EN Payments Forms

- **Form 1373: EN Supplemental Earnings Statement**
 - Submitted with paystubs.
 - Used to provide any missing relevant information that's not shown on paystubs, such as:
 - Pay Period beginning and ending dates
 - Pay Date
 - Withholding Amount
 - Total Gross Earnings
 - Year-to-date Gross Earnings

Form 1373: EN Supplemental Earnings Statement

Form Approved
OMB No. 0960-0644

SOCIAL SECURITY ADMINISTRATION

Employment Network Supplemental Earnings Statement

If the primary evidence does not contain some required information, such as pay period end dates, please use this table to provide any missing information.

EN Organization Name:	PID Number (Data Universal Numbering System):
Employee Name:	Employee Social Security Number:

Please complete the Earnings Evidence Table below, listing each pay period on each line separately. Feel free to list multiple claim months for the same Ticketholder on the same form.

Beginning Pay Period Date	Ending Pay Period Date	Pay Date	Hours Worked	Hourly Rate	Withholding Amount	Total Gross Earnings	Year-to-date Gross Earnings

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Employer Representative Name: _____

Signature: _____	Date: _____
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By checking this box and signing above, the employer attests that all withholdings required by law have been made from this employee's earnings.

Form SSA-1373 (02-2013) Page 1

Use of EN Payments Forms

▪ Employer Prepared Earnings Statement

- A method of collecting earnings information directly from the Ticketholders' employers.
- Must submit a PoR with this statement if requesting Phase 1 Milestones 1 – Phase 1 Milestones 3

Employer Prepared Earnings Statement

Employer Prepared Earnings Statement

Employee Name: _____

Employee Social Security Number (SSN): _____

Please complete the Earnings Evidence table below, listing each pay period on each line separately.

Beginning Pay Period Date	Ending Pay Period Date	Pay Date	Hours Worked	Hourly Rate	Withholding Amount	Total Gross Earnings	Year-to-date Gross Earnings

Employer Representative Name: _____

Title: _____

Employer Name: _____

Employer Address: _____



By checking this box and signing below, the employer attests that all withholdings required by law have been made from this employee's earnings.

Signature: _____ Date: _____


Use of EN Payments Forms (2 of 3)

- **Proof of Relationship Form** (*Phase 1 Milestones 1 – Phase 1 Milestones 3*)
 - Used to show an established relationship with the Ticketholder
 - Must include a list of services with dates provided to the Ticketholder during the requested Milestone period.

Proof of Relationship Form (1 of 2)

 <p>Proof of Relationship (PoR) Form</p> <p>EN Name: <input type="text"/></p> <p>PID Number: <input type="text"/></p> <p>Ticketholder Name: <input type="text"/></p> <p>Ticketholder SSN: <input type="text"/></p> <p>Ticketholder Telephone: <input type="text"/></p> <p>Ticketholder Email: <input type="text"/></p> <p>Ticketholder Address: <input type="text"/></p> <p>Ticket Assignment Date: <input type="text"/></p> <p>Ticket Unassignment Date (if applicable): <input type="text"/></p> <p>Phase 1 Milestone Number (check one):</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p>	 <p>Document Contact and/or Services Provided:</p> <p>Please list the dates and a description of the contact or services that your EN provided to the Ticketholder. These services are those agreed upon in the IWP to help the Ticketholder reach and sustain his or her long-term employment goals since both parties signed the IWP.</p> <table border="1"><thead><tr><th>Date</th><th>Description of Services Provided or Contact</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table> <p>Social Security may verify the information above with the Ticketholder.</p>	Date	Description of Services Provided or Contact																																		
Date	Description of Services Provided or Contact																																				

Proof of Relationship Form (2 of 2)



By signing below, the EN affirms having provided the services above to the Ticketholder.

EN Representative's Name


EN Representative's Signature _____

Date

Use of EN Payments Forms (3 of 3)

- **EN Certification of Services (COS) Statement** (*Unassigned Tickets*)
 - Used to determine the number of eligible payments to an EN after the Ticket was unassigned by the Ticketholder.
 - Must be submitted within 18 months of when the Ticket was unassigned.
 - Must submit a PoR with this form if requesting Phase 1 Milestones 1 – Phase 1 Milestones 3

EN Certification of Services (COS) Statement (1 of 2)



Employment Network (EN)
Certification of Services (COS) Statement

EN Name:

PID Number:

Ticketholder Name:

Ticketholder SSN:

Ticketholder Telephone:


Ticketholder Email:

Ticketholder Address:

Ticket Assignment Date:

Ticket Unassignment Date (if applicable):

F-PMT-7014 NEW EN Certification of Services Statement V02




Individual Work Plan (IWP) Addendum: Statement of Services

Please list all services that your EN provided (include date) to the Ticketholder to date. These services are those agreed upon in the IWP to help the Ticketholder reach and sustain his or her long-term employment goals since both parties signed the IWP.

Social Security may verify the information above with the Ticketholder.

F-PMT-7014 NEW EN Certification of Services Statement V02

EN Certification of Services (COS) Statement (2 of 2)



Did you attempt to contact the Ticketholder at least quarterly?

Yes

Dates of contact:

No

By signing below, the EN affirms having provided the services above to the Ticketholder.

EN Representative's Name

EN Representative's Signature

Date _____

F-PMT-7014 NEW EN Certification of Services Statement V02

EN Payments Forms

All EN Payments Forms are located on the Ticket to Work Website

- <https://yourtickettowork.ssa.gov/resources/forms.html>

Payments Topic

We invite you to share topics that you would be interested in discussing through this forum. Our goal is to help educate you and provide clarification on processes and procedures related to payments. Please send your topics to the EN Payments Helpdesk at ENPaymentsHelpdesk@yourtickettowork.ssa.gov

Resources

■ Phone

- Monday thru Friday 9 a.m. – 5 p.m. ET
- Toll Free: 1-866-949-3687/TTY: 1-866-833-2967
 - Option 1: Beneficiary Help Desk; Option 2: Payments Help Desk; Option 3: Systems Help Desk

■ Email

- For payment issues:

ENPaymentsHelpdesk@yourtickettowork.ssa.gov

- For questions and issues related to Ticket assignment, the service provider website and the Ticket Portal:

ENSystemsHelp@yourtickettowork.ssa.gov

Questions?

Phone: Raise your hand by dialing *5 and you will be unmuted by the Facilitator, then press *6 to unmute yourself.

MS Teams: Enter your question into the chat or raise your hand. You will be unmuted by the Facilitator, and you will need to click the microphone to unmute yourself. Please state your name, EN name and ask your question.