

**Massachusetts State Supplement Program
Request for Designated Payee**

An SSP client who does not receive SSI and who wishes to authorize an individual or organization to act as his or her Designated Payee must complete this form. A Designated Payee will receive payments and notices and be able to discuss a case on behalf of an SSP client. SSI Representative Payees automatically become SSP Designated Payees.

☐ I authorize _____ to act as my Designated Payee
(Print name of authorized person or agency)
for application and recertification of my SSP case and receipt of my SSP payments.

Print SSP Client's Name

SSP Client's Signature

SSP Client's Date of Birth

Last 4 Digits of SSP Client's SSN

Print Designated Payee's Name

Designated Payee's Signature

Designated Payee's Date of Birth (if individual)

Agency FEIN (if institution)

Designated Payee's Phone Number: _____

Designated Payee's Address: _____
(number and street) (apartment, P.O. Box or Rural Route)

(city) (state) (zip code)

You must call 1-877-863-1128 to stop the person or agency you chose from being your designated payee. If you do not call to stop the person or agency from being your designated payee, he or she will continue to have access to your benefits even if your case closes and reopens at a later date.

Please call the Massachusetts SSP Assistance Line at **1-877-863-1128** if you have any questions about this form. Return completed form to:

**MASSACHUSETTS SSP
PO BOX 4018
TAUNTON MA 02780-0315**
or fax to: **857-323-8310**