

Massachusetts State Supplement Program Request to Change a Designated Payee

A Massachusetts State Supplement Program (SSP) client who does not have a federally appointed payee and who wishes to remove and/or appoint an individual or organization as his or her Designated Payee must complete this form. A Designated Payee receives SSP payments and notices and is authorized to discuss a case on behalf of a client. A client may only have one Designated Payee at a time.

1. Remove Existing Payee (Leave blank if you do not already have a Designated Payee on your case.)

☐ Please remove _____ from my case as Designated Payee.
(print name of authorized person or agency)

2. Add New Payee (Leave blank if you do not want to appoint a Designated Payee on your case.)

☐ I authorize the following to act as my Designated Payee for the management of my SSP case and receipt of my SSP payments.

Print Designated Payee's Name

Designated Payee's Phone Number

Designated Payee's Date of Birth (if individual)

Agency FEIN (if institution)

Designated Payee's Mailing Address:

Number and Street

Apartment, P.O. Box or Rural Route

City

State

Zip Code

Designated Payee's Signature

Date

3. Client Authorization and Signature: REQUIRED

Print SSP Client's Name

SSP Client's Date of Birth

Last 4 Digits of SSP Client's SSN

SSP Client's Signature

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**