

Withdrawal of Consent

I, _____, hereby voluntarily withdraw my consent to participate in the DVR \$1 for \$2 Benefit Offset Demonstration Pilot.

SSDI Benefit Consequences. I have read and understood the consequences of withdrawing my consent as a member of the group to which I was randomly assigned:

(please check your group assignment below)

Intervention Group. My enrollment in the Pilot will end as of the first of the month following the date I sign this form to withdraw. As of that date, I will be subject to the usual program rules for SSDI. I will no longer be eligible for the extended 72 month EPE, gradual benefit reduction for earnings above SGA, and protection from medical CDRs.

Comparison Group. I will continue to be subject to the usual SSDI program rules.

Reenrollment. I understand that once I withdraw from the Pilot, I cannot reenroll in the Pilot.

Information Release. I understand that by withdrawing my consent, Pilot staff are no longer authorized to collect any additional data for research and evaluation purposes, but may continue to use any data collected prior to the signature date on this withdrawal form.

Benefits Counseling Services. I understand I am currently enrolled in Benefits Counseling services and can continue to receive those services if I choose, and that consents in effect for those services remain in effect, unless explicitly withdrawn below, so that my benefits counselor can continue to obtain information needed to provide services to me. If I indicate my wish to withdraw all consent by initialing the item below, full benefits counseling services may not be available until I sign a new consent.

Option to Withdraw All Consent. My initials here _____ indicate my wish to withdraw any and all consent I previously granted authorizing information release for benefits counseling services. I understand that by withdrawing all consent, benefits counseling project staff are not authorized to collect any data for counseling, research, or evaluation purposes from the signature date on this form forward, and that this may result in my benefits counseling services ending.

Participant Signature _____ Date _____
[participant name]

Counselor Signature _____ Date _____
[benefits counselor name]