REQUEST FOR SOCIAL SECURITY DISABILITY BENEFITS INFORMATION

(To be filled with the Social Security Office nearest to the Plaintiff's Address)

Please Print or Type

I. IDENTIFICATION OF PARTIES (To be completed by requesting party)

Plaintiff's Name (First, Middle, Last)	Plaintiff's Social Security No:	Date of Accident **MM/DD/YY**
Plaintiff's Address	Plaintiff's Firm Name & Address **PH:**	Carrier/Servicing Agent Name & Address
		Carrier's File No:

II. PLAINTIFF'S AUTHORIZATION FOR RELEASE (To be completed and dated by Plaintiff)

Notice to Plaintiff - This form has been provided to you to supply your AUTHORIZATION FOR RELEASE OF INFORMATION.

To allow to evaluate, determine and prepare a recommended MSA (Medicare Set Aside) Arrangement and to complete any other applicable and requested services, including Conditional Payment Research and Final Lien Amount Demand. This authorization is valid for a period of 12 months from the date signed by Plaintiff.

I HAVE REVIEWED, UNDERSTAND, AND ACKNOWLEDGE THE INFORMATION IN THIS SECTION

Plaintiff's Signature	Plaintiff's Date of Birth	Date Signed by Plaintiff

III. SOCIAL SECURITY INFORMATION (To be completed by Social Security Administration)

1. Has this Plaintiff applied for Disability Benefits under 42 U.S.C. Section 423? ____ Yes If "YES" date applied
____ No _____|_____|

2. Has the amount payable under 42 U.S.C. Section 423 or 402 been determined and benefits commenced?
_____ Yes _____ Denied _____ Pending

3. If "YES" to Question #2:

(a) What were the INITIAL benefits paid to the Plaintiff (P.I.A.)? $ _____
DO NOT INLCUDE SUBSEQUENT COST OF LIVING INCREASES

(b) Provide the amount of INITIAL Maximum Family Benefits. $ _____
DO NOT INLCUDE SUBSEQUENT COST OF LIVING INCREASES

(c) What is 80% of Average Current Earning used to determine benefits (A.C.E.)? $ _____

(d) What is the number of auxiliaries of dependents in current month:

4. Has any offset pursuant to 42 U.S.C. Section 424 been taken? _____ Yes _____ No

5. If "YES" to Question #4 above, list amount of offset. $

6. If "YES" to Question #4 above, list date of SSA Offset will end. (MM/YY)

7. Is Plaintiff insured for Social Security Retirement Benefits under 42 U.S.C. Section 402 and 406? _____ Yes _____ No

SSA REPRESENTATIVE SIGNATURE
.....

IV. RETURN TO (To be completed by requisition party)	Requester's Address & Telephone Number; **Luks, Santaniello, Petrillo & Jones** **110 S. E. 6th Street - 20th Floor** **Fort Lauderdale, FL 33301** **PH: (954) 761-9900** **FX: (954) 761-9940**
Signature of Requisition Party	
Title of Requisition Party Attorney for Employer/Carrier/Servicing Agent	