

Form for Requesting Social Security Information

TO: Social Security Administration

Name Date/Birth Social Security No.

I authorize the Social Security Administration to release information or records about me to:

Angelo Paul Sevarino. Esq., 26 Barber Hill Road, Broad Brook, CT 06016

Reason I want this information released:

To establish my Social Security Disability status, date of entitlement to Medicare and the basis for Medicare entitlement (disability, age or ESRD) for the purpose of my workers' compensation claim. I understand there may be a charge for releasing information.

Please release the following information:

(A) Social Security entitlement status; (B) date of Social Security entitlement or date of application if still pending; (C) basis for entitlement (disability, age, ESRD); (D) Medicare status; (E)date of entitlement for Medicare A, B and/or D; (F) Supplemental Security Income entitlement; (G) Medicaid entitlement; (H) If not a current Social Security recipient, include number of eligible quarters/credits; (I) Initial PIA; (J) 80% ACE and (K) Family Max

I am the individual to whom the information/record applies, parent or the legal guardian of that person. I know that if I make any representation which I know is false to obtain information from Social Security, I could be punished by a fine or imprisonment or both.

Signature: _____ Date: _____ Relationship: _____

FOR SSA USE ONLY

Is the individual *currently* a Medicare and/or Medicaid (SSI) recipient? Yes No

If yes, Is the individual receiving:	Medicare Part A	Yes	No	Date of Entitlement:	_____
	Medicare Part B	Yes	No	Date of Entitlement:	_____
	Medicare Part D	Yes	No	Date of Entitlement:	_____
	SSI/Medicaid	Yes	No	Date of Entitlement:	_____

Is the individual insured for DIB? Yes No Number of Quarters/Credits: _____

Initial PIA _____ 80% ACE \$ _____ Family Max: \$ _____

If the individual is NOT receiving Medicare or Medicaid benefits please complete the following

Is the individual receiving *SS Retirement Benefits*? Yes No Effective Date: _____

Is the individual receiving DIB benefits but Is not yet a Medicare beneficiary? Yes No Date of Entitlement: _____

Has a claim or request for hearing For DIB/SSI benefits been filed? Yes No Date of Application: _____

SSA Representative Signature: _____