

# REQUEST FOR SOCIAL SECURITY INFORMATION

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## PART I. TO BE COMPLETED BY PETITIONER'S ATTORNEY

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1. Worker's Name: \_\_\_\_\_ 2. Social Security Number: \_\_\_\_\_

3. Employer's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

4. Date of Injury: \_\_\_\_\_ 5. Claim Petition No: \_\_\_\_\_

6. Information needed from SSA:

80% ACE Only

80% ACE plus Social Security Benefits

7. Attorney making request:

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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## PART II. TO BE COMPLETED BY SSA

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1. Has the above named worker applied for Social Security benefits?  Yes  No (Go to #9)

2. What type of benefits?  Disability  Other (Go to #9)

3. What is the status of the disability claim?  Allowed  Pending (Go to #9)  Denied (Go to #9)

4. 80% Average Current Earnings (ACE): \$ \_\_\_\_\_

5. Amount of worker initial entitlement: \$ \_\_\_\_\_ 5.a. Date of Entitlement: \_\_\_\_\_

6. Are there any auxiliary beneficiaries?  Yes  No (Go to #8)

7. Please complete the information requested for each auxiliary beneficiary in the space on the attached sheet.

8. Is SSA currently reducing its benefits due to workers' compensation benefits?  Yes  No

9. SSA Official:

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone)

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**NOTE: Requests from a workers' compensation attorney must be accompanied by a signed authorization allowing information to be sent to the attorney.**

**PART III. AUXILIARY BENEFICIARIES**

Name	Date of Birth	Initial Award	Entitlement Date	Termination Date