Social Security Administration

Consent for Release of Information

Form Approved
OMB No. 0960-0566

TO: Social Security Administration

* Name	* Date of Birth	* Social Security Number

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

Medicare Set-Aside Specialist, Inc.
PO Box 1487
Oldsmar, FL 34677

Claimant's Current Address:

* I want this information released because:

There may be a charge for releasing information.

There is a need to establish the date of my SSDI entitlement, my Medicare status date of entitlement for Medicare and basis for entitlement (disability or age). With regard to my Workers' Compensation claim, there is a need to determine if Medicare has any recovery rights for conditional payment of work injury related medical services.

* Please release the following information selected from the list below:

You must check at least one box. Also, SSA will not disclose records unless applicable date ranges are included.

- [ ] Social Security Number
- [ ] Current monthly Social Security benefit amount
- [ ] Currently monthly Supplemental Security Income payment amount
- [ ] My benefits/payments amounts from ________ to _________
- [ ] My Medicare entitlement from ________ to ___________
- [ ] Medical records from my claims folder (s) from ________ to _________

  If you want SSA to release a minor's medical records, do not use this form but instead contact your local SSA office
- [ ] Complete medical records from my claims folder (s)
- [X] Other record (s) from my file (e.g. applications, questionnaires, consultative examination reports, determinations, etc.

  Social Security entitlement status, date of entitlement or date of application if still pending, basis for entitlement, Medicare status, date of entitlement of Medicare, Supplemental Security Income entitlement, date of entitlement for Medicaid. If not a current Social Security recipient, include number of quarters paid in.

I am the individual to whom the requested information/record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury in accordance with 28 C.F.R. § 16.41(d)(2004) that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to $5,000. I also understand that any applicable fees must be paid by me.

*Signature: ______________________________ *Date: ______________

Relationship *(if not individual)*: ______________________ *Daytime Phone: ______________