

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  
(866) 897-4672**

I want this information released because:

**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.**

(There may be a charge for releasing information.)

Please release the following information:

- Social Security Number
- Identifying information (includes date and place of birth, parents' names)
- Monthly Social Security benefit amount
- Monthly Supplemental Security Income payment amount
- Information about benefits/payments I received from \_\_\_\_\_ to \_\_\_\_\_
- Information about my Medicare claim/coverage from \_\_\_\_\_ to \_\_\_\_\_  
(specify) \_\_\_\_\_
- Medical Records
- Medical Record(s) from my file (specify) \_\_\_\_\_
- Other (specify) 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 pain in.**

I am the individual to whom the information/records applies or that person's parents (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

**Signature:** \_\_\_\_\_  
(Show signature, names, and addresses or two people if signed by mark.)

**Date:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_