

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:

Set Aside Specialists, LLC  
255 Treebark Rd.  
Statesville, NC 28625

**I want this information released because:**

To establish my Social Security Disability status, date of entitlement to Medicare and the basis for Medicare entitlement (disability or age) for the purposes of my Workers' Compensation claim.

(There may be a charge for releasing information).

**Please release the following information:**

**X Other:** Social Security entitlement status, date of Social Security entitlement or date of application if still pending, basis for entitlement (disability, age, ESRD), Medicare status, date of entitlement for Medicare A and B, Supplemental Security Income entitlement, Medicaid entitlement. If not a current Social Security recipient, include number of eligible quarters.

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:** \_\_\_\_\_  
(Show signatures, names and addresses of two people if signed by mark.)

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

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**DO NOT FILL OUT BELOW THIS LINE**

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Is claimant a current **Medicare** and/or **Medicaid/SSI** recipient? Yes  No

Is claimant receiving: **Medicare Part A** \_\_\_\_\_ Date of Entitlement: \_\_\_\_\_  
**Medicare Part B** \_\_\_\_\_ Date of Entitlement: \_\_\_\_\_  
**SSI/Medicaid** \_\_\_\_\_ Date of Entitlement: \_\_\_\_\_

Is claimant receiving **SS Retirement Benefits**?  No  Yes, effective date: \_\_\_\_\_

Is claimant receiving **SSD** benefits but is not yet a Medicare beneficiary?  No  
 Yes, date of entitlement to **SSD**: \_\_\_\_\_

Has a claim or request for hearing for **SSD/SSI** benefits been filed?  No  
 Yes, Date of Application: \_\_\_\_\_

Is claimant insured for **SSD**?  Yes  No

**SSA Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_