

Social Security Administration
Consent for Release of Information

To: Social Security Administration

Printed Name

Date of Birth

Social Security Number

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

Axiom National, 13046 Race Track Road #277, Tampa, FL 33626

This information is being released in connection with my worker's compensation claim. 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 SS. 1641(d)(2004) that I have examined all the information on this form and on any accompanying statement 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 my records about another person under false pretenses is punishable by a fine of up to \$5,000.00. I also understand that any applicable fees must be paid by me.

Signature

Date

Relationship (if not the individual) _____

THE SECTION BELOW TO BE COMPLETED ONLY BY A SOCIAL SECURITY ADMINISTRATION REPRESENTATIVE. (Please complete form in its entirety and return to Axiom National)

Is he/she a Medicare beneficiary? Yes _____ No _____

If yes, please provide the entitlement date for these benefits:

Medicare Part A _____

Medicare Part B _____

Medicare Part D _____

Medicaid _____

Is he/she receiving Social Security Disability (SSDI), Social Security Retirement (SSR) or Supplemental Security Income (SSI) benefits? Yes _____ No _____

If yes, please specify benefit type and date of entitlement: _____

If he/she is not yet receiving Social Security benefits, please provide the following information:

Is there a pending application for Social Security benefits? Yes _____ No _____

Date of application: _____

Have Social Security benefits been awarded? Yes _____ No _____

If yes, specify type and entitlement date of SSDI/SSR/SSI benefits _____

Has the application for benefits been denied? Yes _____ No _____

If benefits were denied, has he/she requested a hearing to appeal the denial?

Yes _____ No _____ Date of request for hearing? _____

Signature of Social Security Representative

Date Form Completed

Phone Number of Representative