Form Approved OMB No. 0960-0247

WORKERS' COMPENSATION/PUBLIC DISABILITY BENEFIT QUESTIONNAIRE NAME OF

| NAME OF W | ORKER |
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SOCIAL SECURITY NUMBER

| Privacy Act Statement | | | | | |
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| Collection and Use of Pers | onal Information | | | | |
| compensation or other public d | rity Act, as amended, authorizes us S isability benefition your Social Secu | | ation you provide will be u | sed to determin | ne the effect of your worker's |
| The information you fyrnish on Social Security benefits. | this form is/voluntary. However, fas | rivacy Act tatement | on could prevent an accur | rate or timely de | acision on your claim and could affect your |
| but are not limited to the follow | ou supply for any purpose other than fo Social Security programs. We may also ring: ty of an agency to assist Social Security | and the second s | son of to another agency if | n accordance w | enefits. However, we may use it for the rith approved routine uses, which include |
| | and laws requiring the release of information | | | | fice and Department of Veterans' |
| | ons for eligibility in similar health and in | | | | / |
| We may also use the informatio | I research, audit or investigative activiti n you provide in computer matching pro- e matching programs can be used to es nder these programs. | I | 1 | | Federal, state or local government sefit progrems and for repayment of |
| Additional information regarding | this form, routine uses of information, | and See Revised P | RΔ on-line at www.s | sa.gov or at yo | ur local Social Security office. |
| Peperwork Reduction Act Stater not need to answer these quest gather the facts, and answer the in your telephone direction or the | ment - This information collection meet ons unless we display a valid Office of a questions. SEND OR BRING THE CO ou may call Social Security at 1-800-77 Send <u>only</u> comments relating to our tim | s the Mana MPLE | amended by Sec Ve estimate that i SECURITY OFFIC | tion 2/of the <u>Pa</u> it will take about | perwork <u>Reduction Act of 1995</u> . You do tt 12.5 minutes to read the instructions, listed under U. S. Government agencies hate above to: SSA, 6401 Sacurity Blvd, |
| 1. What type of benefit are | you receiving, did you receiv | e or do you expect to rece | aive in connection wi | th your disa | ability? |
| WORKERS' COMPENS | ATION: sation - State (including) | | IC DISABILITY BENE Civil Service Disability | FITS: y or Federal | Employees' Re- |
| Black Lung Benefit | • • | | irement System (FER State Temporary Disa | | |
| Federal Employees | bor Workers' Compensation ' Compensation (FECA- ation for Federal employees) | | ederal, State or Loca mployee Disability B ther: | al Governme | |
| A | above, enter the claim numb | | | www./illnoce | |
| TYPE OF BENEFIT | CLAIM NUMBER | EMPLOYER | INSURANCE | | DATE OF INJURY/ILLNESS |
| | | | | | |
| 4 | | | | | |
| 3. Indicate the State in whi | ch you worked when these be | nefits began or, if worker | s' | STATE | |
| compensation is one of | the benefits involved, the Stat | te in which the injury occu | irred. | | |
| 4. If you are receiving one o | f the public disability benefits (If "No," explain. For examp were not covered or were n | ole, you were a federal, St | tate or local governm | | |
| | r claim for workers' compens icate the status of each claim | • | ility benefits. If you | are receivin | g more than |
| a. Filed for Bene Entitled | fits, or Intend to File but not | yet d. | Currently Receivin | ng Benefits | |
| b. Filed for Benefit | s, but Claim was Denied | θ, | Received Payme | ents in the | Past but not Presently |
| | Appeal Pending (if appeal is pexpect a decision.) | end- ing, f. | Other (e.g., lump- | sum payme | nt) Explain: |
| If a., b., or c. is checked | d, go on to Item 11 (signature | block). If d., e., or f. is c | hecked, complete th | e remainder | of the form. |
| 6. How are (or were) those | disability payments made? | · | | ······ | |
| Weekly Mont | hly Every Two Weeks | Other (Explain): | | | |
| FORM SSA-546 (4-2009) EF | (4-2009) Destroy prior editio | ns | | | |

| TYPE C | F BENEFIT | | AMOUNT | FROM | то |
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| | | | | | |
| | | | | | |
| b. If those payments have s | topped indicate th | ~ rooon; | | | |
| · · · | | | | | |
| | np-Sum Settlement | Pending | | eal Pending | |
| Per | manent Rating Pend | ding | Othe | er (Explain in item 10, | "Remarks") |
| c. Do you expect those pay | ments to begin aga | in? | Yes No | IF "YES", WHEN (Da | ite) |
| 8. Have you ever received or b | een awarded a lum | o-sum settleme | nt (including | Yes (If "Yes", | |
| "compromise and release" | | | | complete item | |
| 9. Lump-sum payment: | | | | I | |
| a. Date(s) settlement(s) or a | award(s) made | | | b. Gross Amount(s) | |
| | | | | \$ | |
| c. The lump sum represents | s: | | | | |
| \$ | per week for | | weeks beginning | | |
| d. The amount shown in 9. | | | Weeks beginning | | |
| (1) MEDICAL EXPENSES OF | | | \F | (3) RELATED EXPENSES C | - |
| | 1-1 | ATTORNEY FEES C | /r | (3) HELATED EAPENSES U | 76 |
| \$ | (-, | | J r | |)f |
| \$ 10. Remarks: | | \$ | JF | \$ | |
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| | | | л г | |) - |
| 10. Remarks: | | \$ | | \$ | |
| 10. Remarks: IMPORTANT I | NFORMATION. PLE | \$ ASE READ THI | E FOLLOWING CAREF | \$ ULLY AND SIGN BELC | >W |
| 10. Remarks: IMPORTANT I I agree to report if I apply f disability benefit or the am | NFORMATION. PLE or or begin to receiv ount that I am receiv | \$ ASE READ THI ve a workers' o ving changes o | E FOLLOWING CAREF compensation (includin or stops, or I receive a | \$ ULLY AND SIGN BELC g black lung benefits) lump-sum settlement. | OW or a public I understand |
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SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction</u> <u>Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-0247. We estimate that it will take between 15 minutes to read the instructions, gather the facts, and answer the questions. *Send <u>only</u> comments relating to our time estimate above to*: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.