

# WORKERS' COMPENSATION/PUBLIC DISABILITY BENEFIT QUESTIONNAIRE

NAME OF WORKER

SOCIAL SECURITY NUMBER

### Privacy Act Statement

#### Collection and Use of Personal Information

Section 224 of the Social Security Act, as amended, authorizes us to collect information on your Social Security compensation or other public disability benefit on your Social Security record.

See Revised Privacy Act Statement

The information you provide will be used to determine the effect of your worker's

The information you furnish on this form is voluntary. However, failure to furnish the information could prevent an accurate or timely decision on your claim and could affect your Social Security benefits.

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We rarely use the information you supply for any purpose other than for determining the effect of other disability benefits on your Social Security benefits. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- To enable a third party of an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
- To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and
- To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and

See Revised PRA

is available on-line at [www.ssa.gov](http://www.ssa.gov) or at your local Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Enterprise Services (OSES) control number. We estimate that it will take about 12.5 minutes to read the instructions, answer the questions, SEND OR BRING THE COMPLETE FORM TO YOUR SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1234. Send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Enterprise Services (OSES) control number. We estimate that it will take about 12.5 minutes to read the instructions, answer the questions, SEND OR BRING THE COMPLETE FORM TO YOUR SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1234. Send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

1. What type of benefit are you receiving, did you receive or do you expect to receive in connection with your disability?

#### WORKERS' COMPENSATION:

- Workers' Compensation - State (including occupational disease payments)
- Black Lung Benefits
- Longshore and Harbor Workers' Compensation
- Federal Employees' Compensation (FECA-workers' compensation for Federal employees)

#### PUBLIC DISABILITY BENEFITS:

- Civil Service Disability or Federal Employees' Retirement System (FERS) Disability Benefits
- State Temporary Disability Payments
- Federal, State or Local Government Employee Disability Benefits
- Other: \_\_\_\_\_

2. For each benefit checked above, enter the claim number, employer, insurance carrier and date of injury/illness.

TYPE OF BENEFIT	CLAIM NUMBER	EMPLOYER	INSURANCE CARRIER	DATE OF INJURY/ILLNESS

3. Indicate the State in which you worked when these benefits began or, if workers' compensation is one of the benefits involved, the State in which the injury occurred.

STATE

4. If you are receiving one of the public disability benefits listed in item 1, were Social Security taxes always paid on your earnings?

- Yes
- No

(If "No," explain. For example, you were a federal, State or local government employee whose earnings were not covered or were not always covered by Social Security.)

5. Indicate the status of your claim for workers' compensation or other public disability benefits. If you are receiving more than one type of benefit, indicate the status of each claim.

- a.  Filed for Benefits, or intend to File but not yet Entitled
- b.  Filed for Benefits, but Claim was Denied
- c.  Claim Denied; Appeal Pending (if appeal is pending, give date you expect a decision.)  
Date \_\_\_\_\_
- d.  Currently Receiving Benefits
- e.  Received Payments in the Past but not Presently
- f.  Other (e.g., lump-sum payment) Explain: \_\_\_\_\_

If a., b., or c. is checked, go on to Item 11 (signature block). If d., e., or f. is checked, complete the remainder of the form.

6. How are (or were) those disability payments made?

- Weekly
- Monthly
- Every Two Weeks
- Other (Explain): \_\_\_\_\_



***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 Paperwork Reduction Act of 1995. 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 only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***