

REQUEST FOR SOCIAL SECURITY BENEFITS INFORMATION
(L.R.S. 23:1225)

DATE _____

NAME _____

SSN _____

Please provide information concerning the referenced worker.

Workers' Compensation Judge

Type of Social Security Benefit: _____ Disability _____ Retirement _____ Other _____ None

Current Social Security Benefit Paid to Employee \$ _____

Number of Auxillaries/Dependants on Record # _____

Age of Youngest Auxillary/Dependant _____

PART I - CALCULATION OF INITIAL OFFSET

Date of Entitlement _____

1. Original 80% Average Current Earnings (ACE) on Record \$ _____

2. Total Family Benefit (TFB) \$ _____

3. Higher of Amounts Shown Above \$ _____

4. Monthly Workers' Compensation (WC) Rate
(Subject to reduction due to allowable expenses) \$ _____

5. Social Security Benefits Payable After Offset in Month of Entitlement
(#3 minus #4, if a negative amount show 0) \$ _____

6. Original Federal Offset Amount (#2 minus #5) \$ _____

**PART II - CHANGE IN FEDERAL OFFSET AMOUNT DUE TO TRIENNIAL REDETERMINATION
OF THE ACE (42 USC 424 (F) (1) and 20 CFR 404.408(1))**

Effective January _____

1. Redetermined 80% ACE \$ _____

2. Original 80% ACE \$ _____

3. Difference Between Original and Redetermined ACE (#2 minus #1) \$ _____

4. Cost of Living Allowance (COLA) Increases for Same Period of Time (Date of Entitlement
Through Date of Redetermination) \$ _____

5. Decrease in Offset (#3 minus #4; if negative, show 0) \$ _____

6. Federal Offset Amount (#6 in Part I minus #5) \$ _____

The next Triennial Redetermination of the ACE should be completed in ____/____/____

PREPARED BY: _____

Social Security Field Office