COMMONWEALTH OF MASSACHUSETTS
WORKERS' COMPENSATION COLA DATA FORM

I. IDENTIFICATION OF WORKER (To Be Completed By Requesting Office)

Worker's Name	Worker's Social Security Number
Employer's Name	Date of Accident
Signature of Requesting Official	Return Form to (Requester's Address)
Title / Date (mm/dd/yyyy)	

II. WORKER'S AUTHORIZATION FOR RELEASE (To Be Completed By Worker)

To allow determination of the proper amount of workers' compensation payments, I hereby authorize release of the information requested below to the requesting official shown above. This authorization is valid for a period of 12 months from date shown below.

Worker' Signature	Date (mm/dd/yyyy)

III. SOCIAL SECURITY INFORMATION (To Be Completed By The Social Security Administration)

A. Partial offset involved. Any increase in workers' compensation payments will cause additional offset of Social Security disability payments.

B. Offset does not apply effective with the date shown below. Any increase in workers' compensation can be paid beginning with that date without affecting Social Security disability payments.

- Worker's Age 62/65 _____ (month/year)
- Disability Terminated _____ (month/year)

C. We have no record of any Social Security benefits **being** paid to the worker under the above Social Security number. Please verify its accuracy and resubmit. Mark the new CR-28 "Second Request – SSN Corrected."

D. Worker is receiving Social Security payments other than disability or disability claim denied.

E. If A, B. C, or D do not apply, complete the following:

1. Total Family Benefits (as of first possible month of offset) _____
2. 80% Average Current Earnings (ACE) _____
3. Redetermined ACE (only if applicable) _____
4. Redetermined ACE Effective Date (month/year) _____
5. Total Benefits Payable as of date in item 4 but before redetermination _____

F. Supplemental Security Income _____

SSA Representative's Signature	Circle One	Date (mm/dd/yyyy)
	DO PSC ODO	

Attention: Requesting Official (Retain this document in your files for future reference.)