

**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)    ..... \$ \_\_\_\_\_

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**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