

Request for Current Medicare & Social Security Disability Status

Claimant Name: _____ DOB: _____

The Centers for Medicare and Medicaid Services (CMS) require that certain criteria be met in order for it to review and approve a Medicare Set-Aside (MSA). If you would kindly answer the few questions below, it will assist us in timely completing the MSA.

1. Are you currently receiving Medicare benefits? YES NO

If YES, please provide your Medicare Number: _____

2. Have you applied for Medicare benefits? YES NO

If YES, please provide the date you applied: _____

3. Are you currently receiving Social Security Disability (SSDI) Benefits? YES NO

If YES, please provide the date you were awarded benefits: _____

4. If you are NOT currently receiving SSDI benefits:

- Have you have applied for SSDI benefits? YES NO

- *If YES, please provide the date applied:* _____

- Have you been denied SSDI benefits? YES NO

- *If YES, please provide the date you were denied:* _____

- Have you appealed a denial of SSDI benefits? YES NO

- *If YES, please provide the date of appeal:* _____

Thank you for your assistance in providing this information. Please sign and date in the spaces below.

Claimant Signature: _____ Date: _____