



Authorization To Secure Award Or Denial Information

Complete and sign the form using BLUE or BLACK ink.

To: Social Security Administration
District Office

Control Number: _____

Employee Date of Birth (MM/DD/YYYY): _____

Employee Gender: Male Female

I, _____ - -
Name of Claimant (First, M.I., Last) Social Security Number

Hereby authorize the Social Security Administration to furnish the information requested below, including that information which reflects results of appeals, reappeals and Administrative Hearings, to: Aetna. (See address below)

This form is required to compute disability benefits payable to me by Aetna. I filed my claim for Social Security benefits with the district office at: _____

Street

City

State

Zip Code

A photographic copy of this authorization will be valid as original.

Signature of Claimant/Authorized Representative

Street/Apartment #

Date (MM/DD/YYYY)

City

State

Zip Code

To Be Completed By Social Security Administration

Name of Beneficiary (First, Last, Middle Initial) _____

Social Security Number _____ - - has authorized us to furnish the following information.

| Type of Claim | Effective Date of Award (MM/DD/YYYY) | Amount of Initial Monthly Benefit | Amount of Initial Lump Sum (Retroactive) Payment | Current Monthly Benefit | Date of Denial (MM/DD/YYYY) |
|----------------|--------------------------------------|-----------------------------------|--|-------------------------|-----------------------------|
| Disability | | | | | |
| Primary | _____ | \$ _____ | \$ _____ | \$ _____ | _____ |
| Dependent 1 | _____ | \$ _____ | \$ _____ | \$ _____ | |
| Dependent 2 | _____ | \$ _____ | \$ _____ | \$ _____ | |
| Dependent 3 | _____ | \$ _____ | \$ _____ | \$ _____ | |
| Retirement | _____ | \$ _____ | \$ _____ | \$ _____ | _____ |
| Widow/Widowers | _____ | \$ _____ | \$ _____ | \$ _____ | _____ |
| Spousal | _____ | \$ _____ | \$ _____ | \$ _____ | _____ |
| Other | _____ | \$ _____ | \$ _____ | \$ _____ | _____ |

Remarks:

This information is furnished for your use in determining the amount of disability benefits payable under your group insurance plan and should not be disclosed to any other organization or person.

Signature of Social Security Representative

Title

Date (MM/DD/YYYY)

Mail this completed form to: **Aetna Life Insurance Company**
P.O. Box 14560
Lexington, KY 40512-4560
Fax Number: 866-667-1987

MI DT 70-085 WKAB-Generic

Complete back →

PART 1 - SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE COPY
PART 2 - AETNA SECTION COPY

Claimant's Name (Last, First, Middle Initial)

Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Arkansas, Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention California, Ohio and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

Attention Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Attention Oregon Residents: Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Attention Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.