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**SOCIAL SECURITY OFFSET/SETTLEMENT LANGUAGE  
REFERRAL FORM**

**CLAIMANT INFORMATION**

Claimant's Name (First, Middle, Last)	Date of Birth
Claimant's Address & Phone #	Gender
Spouse's Name	Claimant's Social Security #
Spouse's Address & Phone # (If Different from Claimant)	Spouse's Date of Birth
Name and Age of All Dependents	Date of Marriage to Claimant

**SETTLEMENT INFORMATION**

List All DOI Included in Settlement	Amount of Gross Settlement	Amount of Medicare Set-Aside	Amount of Attorney's Fee
List all Legal Costs	Amount of Unpaid Medical Bills	Liens to Be Satisfied	Dependent's Claim (If applicable)
Accepted Injuries	Denied Injuries	WC Base Compensation Rate	Current WC Rate w/ COLA

**CLAIMANT'S SOCIAL SECURITY/BENEFIT ENTITLEMENT (Check all that apply)**

<input type="checkbox"/> Receiving Social Security Disability (SSDI)	<input type="checkbox"/> SSDI Application or Appeal Pending	<input type="checkbox"/> Medicare Beneficiary	
<input type="checkbox"/> Receiving Supplemental Security Income (SSI)	<input type="checkbox"/> SSI Application or Appeal Pending	<input type="checkbox"/> Medicaid Beneficiary	
<input type="checkbox"/> Other Federal or State Assistance (specify)	<input type="checkbox"/> Short or Long Term Disability	<input type="checkbox"/> State or Municipal Disability Pension	
Average Current Earnings – ACE (On Initial Entitlement Letter)	Primary Insurance Amount – PIA (On Monthly Statement)	Total Family Benefit – TFB (If Applicable)	Date of Entitlement (or Application if Still Pending)

**ADMINISTRATION OF MSA**

Type of MSA Administration	MSA Funding Method
<input type="checkbox"/> Self Administered <input type="checkbox"/> Professionally Administered	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Structured

**SERVICE SELECTION**

<input type="checkbox"/> SSDI Offset Proration Calculation and Language for Settlement Document <b>COST: \$250.00</b>	<input type="checkbox"/> SSDI Offset Language w/ MSA Trust Language for Settlement Documents <b>COST: \$500.00</b>
<input type="checkbox"/> Drafting of Full and Final Stipulations/Release <b>COST: \$750.00</b>	<input type="checkbox"/> Future Medical Allocation (No submission to CMS) <b>COST: \$1,000.00</b>

**CASE REFERRAL INFORMATION**

Name of Referring Party <input type="text"/>	Name of Firm or Company <input type="text"/>	Phone # <input type="text"/>
Fax # <input type="text"/>	Address of Referring Party <input type="text"/>	E-mail <input type="text"/>

In order to ensure the best result, it is requested that you also forward a copy of the following documentation:

1. Proposed settlement agreement
2. Approved Voluntary Agreement
3. SSDI/SSI Entitlement Letter
4. Most recent SSDI/SSI benefit statement.
5. Short or Long Term Disability Policy
6. Disability Pension Decision

PLEASE USE THIS SPACE FOR ADDITIONAL INFORMATION AND/OR SPECIAL HANDLING INSTRUCTIONS.

By signing this document, you hereby agree that this matter was referred to MSA Services, LLC for the sole purpose of completing the services requested above. You hereby acknowledge that MSA Services, LLC and Gregory F. Lisowski did not represent any of the parties in any legal capacity and that an attorney client relationship does not exist between MSA Services, LLC, Gregory F. Lisowski and any of the parties. By signing this agreement you are agreeing to pay for the services requested above, at the time of billing, whether or not the case settles or money is recovered.

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Signature of Party Financially Responsible for Fees (Print Name Below)