



US Social Security Administration - Benefits

To apply for a Cost-of-Living Adjustment (COLA), the injured worker or beneficiary should complete the required information and choose either Option 1 or Option 2 below and return this form to the Virginia Workers' Compensation Commission.

Name of Injured Worker (Required): \_\_\_\_\_

Injured Worker's Social Security Number (Required): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature of Injured Worker or Beneficiary: \_\_\_\_\_

**OPTION 1 - Access your Social Security information online.**

(See instructions on the back):

- 1. Log-in to the Social Security Administration (SSA) site to obtain a print-out of benefits.
- 2. Return this form with upper section completed with online print-out from SSA.

**OPTION 2 - Obtain Social Security information by visiting Social Security Office.**

(Must be completed by Social Security representative. Fees may apply. See instructions on the back):

1. Is the above named individual receiving Social Security benefits?

- Yes (See question 2)
- No
- Deceased (See question 3)

2. Please indicate the monthly amount of Social Security disability benefits including the Medicare deductible and the dates benefits were paid.

- \$ \_\_\_\_\_ gross monthly Social Security benefit amount
- \$ \_\_\_\_\_ monthly Medicare premium deduction
- \$ \_\_\_\_\_ net monthly Social Security benefit amount

Dates: \_\_\_\_\_

3. Are any dependents of the above named individual receiving Social Security survivors benefits?

- Yes (See question 4)
- No

4. Please indicate the monthly amount of Social Security survivors benefits and the dates benefits were paid.

Dates: \_\_\_\_\_

**PREPARED BY:**

Social Security Representative Signature (Required): \_\_\_\_\_



## Cost-of-Living Adjustment (COLA)

If an injured worker or beneficiary is receiving temporary total, permanent total, or death benefits they may be entitled to a COLA effective October 1 of each year, if the combination of compensation and Social Security benefits are less than 80% of the pre-injury earnings. A COLA must be specifically requested by the injured worker or their beneficiary.

### COLA Rate

Updates to the COLA rate can be viewed on the Commission's website at [www.workcomp.virginia.gov/content/rates-min-max-benefits-cola-mileage](http://www.workcomp.virginia.gov/content/rates-min-max-benefits-cola-mileage).

### Instructions

To apply for a COLA, complete the upper portion of the eligibility form. You may select either Option 1 or 2 below. Once completed you may then return the COLA Request Form to the Virginia Workers' Compensation Commission.



## OPTION 1 - Access Social Security Information Online

In order to access social security information, you must first login to the Social Security Administration website at [www.ssa.gov](http://www.ssa.gov). In the top right corner, click the "SIGN IN / UP" button. This will direct you to a selection screen.

Click the "My Social Security" box, where you can securely access information from the Social Security record, including disability and survivors benefits.



### Create Account/Sign In

You must be able to verify information, and:

- Have a valid e-mail address.
- Have a Social Security number.
- Have a U.S. mailing address.
- Be at least 18 years of age.

### New Users:

Click "Create an Account" and follow the prompts; once established, continue to the Home/Overview page.

### Existing Users:

Enter your Username and Password; click "Sign In" to continue to the Home/Overview page.



### Print Home/Overview Page

Once signed in, print the Home/Overview page, which will contain the last 4 digits of your Social Security number, and provide the required social security information needed to file a COLA Request.



## OPTION 2 - Obtain Social Security information by visiting a Social Security Office

You may take the form to the Social Security Administration. A representative must complete all the questions under Option 2 and sign the form (fees may apply).

This form may be filed electronically through the Commission's WebFile system at [webfile.workcomp.virginia.gov](http://webfile.workcomp.virginia.gov). To file electronically, the user must have a valid and active WebFile account. This form may also be filed by mail or in-person at 333 E. Franklin St., Richmond, Virginia 23219.

For questions or assistance with completing this form, please contact the Virginia Workers' Compensation Commission toll-free at 1-877-664-2566.