



COMMONWEALTH OF VIRGINIA  
 WORKERS' COMPENSATION COMMISSION  
 1000 DMV DRIVE, RICHMOND VA 23220  
[www.workcomp.virginia.gov](http://www.workcomp.virginia.gov)  
 1-877-664-2566

**Fatal SSA Verification**

Date of this notice:

US Social Security Administration – Benefits

v.  
 Accident Date:  
 Jurisdiction Claim No.:

Please provide the requested information in order that we may determine entitlement to Cost of Living Adjustment for a workers' compensation claim.

NAME OF DECEASED:  
 ADDRESS:

Social Security # of Deceased:

- Are any dependents of the above named individual receiving Social Security Survivors Benefits?
  - Yes (Please answer question 2)
  - No (Thank you for your assistance)
- Please indicate the monthly amount of Social Security Survivors Benefits and the dates benefits were paid.

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

Requested by: \_\_\_\_\_  
 Benefit recipient's Signature Date

Prepared by: \_\_\_\_\_  
 Social Security Representative Date

Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_

If there are any questions regarding information contained in this request please contact the Commission toll-free at 1-877-664-2566.

## COLA/Social Security Verification Request

### Filing Instructions

In order to apply for a Cost-of-Living Adjustment, please complete the following steps:

1. Complete the upper portion of the eligibility form to include the name of the deceased, accident date, JCN and Social Security Number.
2. Take the form to the Social Security Administration. A representative of the Social Security Administration must complete Sections 1 and 2.
3. The eligibility form must be signed by a Social Security Representative.
4. The eligibility form must be signed by the Benefit Recipient.
5. Return the form to the Virginia Workers' Compensation Commission for Cost-of-Living eligibility determination.

### Please Note:

In the event that Social Security Benefits are **not** being received, the signature of the Social Security Representative is **still** required.

For questions or assistance with completing this form, please contact the Virginia Workers' Compensation Commission using the Toll-free number (1-877) 664-2566 or visit our Website at [www.workcomp.virginia.gov](http://www.workcomp.virginia.gov) .