

**DISCLOSURE/CONFIDENTIALITY OF INFORMATION**

TN 1 5-91

Exhibit 2- Form SSA-3288 Social Administration Consent for Release of Information – Back

TO: Social Security Administration

Name	Date/Birth	Social Security #
------	------------	-------------------

I authorize the Social Security Administration to release information or records about me to:

Name	Address
<b>MSA Advocates, Inc.</b>	<b>505 East Fayette Street, Suite 214, Syracuse, NY 13202</b>

I want this information released because:

**I am settling my insurance claim(s) and will be seeking CMS/Medicare approval for the Medicare set aside.**

(There may be a charge for releasing information)

Please release the following information:

- \_\_\_ Social Security Number
- \_\_\_ Identifying information (includes date and place of birth, parent's names)
- \_\_\_ Monthly Social Security benefit amount
- \_\_\_ Monthly Supplemental Security Income payment amount
- \_\_\_ Information about benefits/payments I received from \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_ Information about my Medicare claim/coverage from \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_ Medical records
- \_\_\_ Record(s) from my file (specify) \_\_\_\_\_

Other (specify) **Any and all information concerning my social security and Medicare claim(s) as I am considering settling my insurance claim(s) and need CMS/Medicare approval for same.**

I am the individual to whom the information/record applies, parent or the legal guardian of that person. I know that if I make any representation which I know is false to obtain information from Social Security, I could be punished by a fine or imprisonment or both.

Signature: \_\_\_\_\_  
(Show signatures, names and address of two people if signed by mark)

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_