



## Cost-of-Living Adjustment (COLA) Request

DATE

To apply for a Cost-of-Living Adjustment (COLA), the claimant 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 claimant or beneficiary: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Signature of claimant or beneficiary: \_\_\_\_\_

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

(See instructions on the back):

1. Login to the Social Security Administration (SSA) site to obtain a printout of benefits.
2. Once completed, send your *Cost-of-Living Adjustment (COLA) Request Form* with supporting Social Security Information to the Virginia Workers' Compensation Commission.

### OPTION 2 - Obtain Social Security information by visiting an office of the Social Security Administration (SSA).

(See instructions on the back):

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

☐ **Yes** (See question 2)      ☐ **No** (Stop and sign below)

2. Specify what benefit is being received:

☐ **Retirement** (Stop and sign below)      ☐ **Disability** (Complete Medicare deductions below)

☐ **Survivor's** (Complete Medicare deductions below)

3. 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: \_\_\_\_\_

### PREPARED BY:

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

## Cost-of-Living Adjustment Filing Instructions



### Cost-of-Living Adjustment (COLA)

If a claimant or beneficiary is receiving temporary total, permanent total, or death benefits, they may be entitled to a Cost-of-Living Adjustment (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 Cost-of-Living Adjustment (COLA) must be specifically requested by the claimant or their beneficiary.

#### Cost-of-Living Adjustment (COLA) rates:

[workcomp.virginia.gov/documents/rates-min-max-benefits-cola-mileage](http://workcomp.virginia.gov/documents/rates-min-max-benefits-cola-mileage).

#### Instructions

To apply for a Cost-of-Living Adjustment (COLA), complete the top portion of this eligibility form and submit with Social Security information from Option 1 or 2 below. Once completed, send the *Cost-of-Living Adjustment (COLA) Request Form* with supporting Social Security Information information to the Virginia Workers' Compensation Commission.



#### OPTION 1 - Access Social Security information online

Access Social Security information at [ssa.gov](http://ssa.gov); create an account/sign in; print Benefit Verification Letter.

Return *Benefits Verification Letter* and *Cost-of-Living Adjustment (COLA) Request Form* to the Virginia Workers' Compensation Commission.



#### OPTION 2 - Visit an office of the Social Security Administration (SSA)

A representative of the Social Security Administration (SSA) should complete and sign the *Cost-of-Living Adjustment (COLA) Request 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. The form may also be faxed to 804-823-6956, hand delivered or mailed to 333 E. Franklin Street, Richmond, VA 23219.

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

## Ombuds Department

Have questions about the Virginia Workers' Compensation Commission and no lawyer? Call the Ombuds at 833-448-1681, or email [ombuds@workcomp.virginia.gov](mailto:ombuds@workcomp.virginia.gov). We cannot give legal advice. All conversation will be kept confidential.