



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.

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. 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 page.

Existing Users:

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



Print the Benefit Verification Letter/Letter Proving You do Not Receive Benefits

Once signed in, dependent upon your benefit status, select the option to "Print / Save a letter proving you do not receive benefits (PDF)" or "Get a Benefit Verification Letter". 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. 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.

Ombudsman Office

Have questions about the Virginia Workers' Compensation Commission and no lawyer? Call the Ombuds Department at 833-448-1681, or email at ombuds@workcomp.virginia.gov. We cannot give legal advice, but all conversations will be kept confidential.