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**VERIFICATION OF BENEFITS FORMAT**

Due to the increase in identity theft and new Federal and State guidelines for protecting your privacy, we have implemented the following regulations which must be followed before any changes will be made to your benefit account. We can no longer make changes to the account of our beneficiaries without proof that it is actually the beneficiary making the request.

Please provide to us **(1) a written authorization from you specifying exactly what you would like for us to do, (2) signed by you in the presence of a Notary Public (3) the Notary Public must observe you sign it and provide information of your identification (4) then sign his/her name as the Notary (5) and affix their seal and provide the expiration date of their commission.**

The information that will be furnished to you is as follows:

*“On (DATE), the above referenced Claimant was awarded (25%, 50%, 100% disability) as settlement for a work related injury. Claimant has been receiving payments from the (Special or Pneumoconiosis division) of the Workers' Compensation Fund since (DATE). Claimant was awarded (\_\$\_\_\_\_\_) a week which is being paid at a bi-weekly rate of (\$\_\_\_\_\_). The current rate continues for the (length of time payments will be made) of the Claimant.”* If any other data is needed please specify what you want to know.

If the account is a Tier Down payment account our information will be as follows:

*“This claim is a Tier Down. On (DATE), the above referenced Claimant was awarded (25%, 50%, 100% disability) as settlement for an injury. Claimant has been receiving payments since the (date) of the Award. The current weekly rate is (\_\_\_\_\_), which reduces by 10% each year from Claimant's 65 birthday to Claimant's 70<sup>th</sup> birthday and then remains at that amount for Claimant's lifetime. “ (insert the amount of weekly rate at this time).”*

If you need any other type of information or more detail, please specify exactly what information you need, otherwise it will not be provided.

Your request and all information must be received by U. S. Mail with your return address for our use in responding with you.

