CITY OF FORT LAUDERDALE
GENERAL EMPLOYEES' RETIREMENT SYSTEM
AUTHORIZATION FOR
SOCIAL SECURITY INFORMATION RELEASE

TO: Social Security Administration
3511 N. Pine Island Road
Sunrise, FL 33351-6638

I hereby authorize the Social Security Administration to send a copy of my claim determination or furnish any information available on my claim to the City of Fort Lauderdale's General Employees' Retirement System. This information is required in the computation of certain disability benefits payable by this Pension Plan.

Name (print) _____ Soc Sec Number _____

Date of Disability _____

Address _____

City _____ State _____ Zip _____

I ____have / ____have not filed a request with the Social Security Administration for: (Check one)

1. _____ Disability Benefits (initial claim)
2. _____ Reexamination of Claim
3. _____ Hearing

Witness _____

Signature _____ Date _____

SOCIAL SECURITY ADMINISTRATION REPORT

TO: Fort Lauderdale General Employees' Retirement System
P O Drawer 14250
Fort Lauderdale, FL 33302

This information is furnished for your use in determining the amount of certain benefits payable under your organization's Pension Plan and should not be disclosed to any other organization or individual.

Claimant _____ Soc Sec No _____

Date Claim Filed _____ Type of Benefit _____

Mo/Yr of First Entitlement _____ Amount of Monthly Payment $_____

Date of Disallowance _____

Signature_____

Title _____Date _____