

Benefits Management Corporation

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Consent to Release Information

To: Benefits Management Corporation

Name: _____ Date of Birth: _____

SSN: _____

I hereby give my consent to **Benefits Management Corp** to obtain and/or exchange information for the purpose of either planning for my well-being and/or assuring my continuing eligibility for Social Security benefits.

I also hereby give my consent to **BMC** to obtain and/or exchange information regarding the item(s) below for the purpose of planning for my well-being.

- | | | |
|---|---|--|
| <input type="checkbox"/> Social Security Number | <input type="checkbox"/> Account Ledger | <input type="checkbox"/> Current Monthly SSA/SSI |
| <input type="checkbox"/> Bank Account | <input type="checkbox"/> Burial Trust | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> Wages/Employment Record | <input type="checkbox"/> Social History | <input type="checkbox"/> Utility Bills |
| <input type="checkbox"/> O.H.S. Plan / Appointments | <input type="checkbox"/> Address/Living Arrangement | <input type="checkbox"/> Other (explain below) |

I am the individual, to whom the requested information/records applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare that I have examined all of the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that BMC is not responsible if a person authorized to obtain information regarding my account does so with false pretenses and BMC is not responsible for any effect to your benefits caused by releasing the requested information.

Print Name

Date

Signature of Claimant or Legal Guardian

Relationship (if not claimant)

BMC Staff Member

Date