

SPECIAL DETERMINATION

OFFICE

NAME OF WAGE EARNER OR SELF EMPLOYED PERSON	SOCIAL SECURITY NUMBER
NAME OF CLAIMANT (if other than wage-earner)	RELATIONSHIP OF CLAIMANT

DETERMINATION MADE BY:	DATE:	<p style="text-align: center;"><u>TITLE</u></p> <input type="checkbox"/> Claims Representative <input type="checkbox"/> Claims Authorizer <input type="checkbox"/> Claims Examiner <input type="checkbox"/> Other (Specify)
APPROVED BY:	DATE:	<p style="text-align: center;"><u>TITLE</u></p> <input type="checkbox"/> Claims Representative <input type="checkbox"/> Claims Authorizer <input type="checkbox"/> Claims Examiner <input type="checkbox"/> Other (Specify)