

SPECIAL DETERMINATION

OFFICE

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

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|------------------------|-------|--|
| 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) |