



SOCIAL SECURITY ADMINISTRATION

Date: February 11, 2012

Claim Number: _____

State of California
Dept. of Industrial Relations, Division of WC
Subsequent Injuries Benefits Trust Fund-Claims Unit
160 Promenade Circle #350
Sacramento CA 95834

Western Program Service Center
P. O. Box 2000
Richmond, CA 94802

Please find the SSD benefit information below per you requested.

SSD Entitlement Date: 10/1998

Monthly Benefit Amounts:

\$1200.20 effective 10/1998
\$1215.80 effective 12/1998
\$1226.00 effective 01/1999
\$1255.40 effective 12/1999
\$1299.30 effective 12/2000
\$1300.50 effective 07/2001
\$1334.30 effective 12/2001
\$1352.90 effective 12/2002
\$1381.30 effective 12/2003
\$1418.50 effective 12/2004
\$1476.60 effective 12/2005
\$1525.30 effective 12/2006
\$1560.30 effective 12/2007
\$1650.70 effective 12/2008
\$1710.10 effective 12/2011

THIS IS AN EXAMPLE OF OFFICIAL CONFIRMATION NEEDED:

1. Date of entitlement.
2. Specifics of month by month disability benefits paid from the date of entitlement to present, including all broken periods or lapses in benefits paid.
3. Amount of benefit to IW after SSA takes their deductions.
4. Please note that we cannot accept any statement from the Claimant nor Applicant Attorney on any benefits paid.

As of 02/2012, the claimant still receives \$1710.10 a month.

Claims Processing Specialist

Social Security Admin.