



Structured Settlement Referral Form

Claimant's Information

| | |
|---|--|
| Name (Last Name, First & Middle Initial) | Street Address, City State & Zip Code |
| Social Security Number: | Date of Birth: |
| Date of Injury: | State of Jurisdiction: |
| Employer Name: | Employer Address: |
| Date of Hire: | Claim#: |

Carrier/TPA/Claims Professional Contact Information

| | | |
|--|---------------------------------|-----------------------|
| Claim Professional | Telephone # | E-Mail Address |
| Insurance Carrier/TPA/Servicing | Address of Claims office | Fax# |

Attorney Information (If Applicable)

| | | |
|----------------------------|----------------|---------------------------|
| Defense Attorney | Address | Phone & Fax#'s |
| Claimant's Attorney | Address | Phone & Fax#'s |

Is the Claimant on Medicare? _____ Yes _____ No _____ Unknown
 Is the Claimant currently receiving SSDI? _____ Yes _____ No _____ Unknown
 Date of SSDI Eligibility _____
 Has this claim been settled? _____ Yes _____ No
 Total settlement amount: \$ _____ Has it been approved? _____ Yes _____ No
 Rated Age to be used for Structured Settlement _____ Years
 Turnaround time from quote to Structured Settlement check: _____ Days
 What type(s) of Structured Settlement is required (medical, indemnity, both)?

Other Information:

Please complete form and email to:

rblackburn@blackburngroup.com

585-586-4530