



TEXAS
Health and Human
Services

Date

HHSC Staff

Office Address/Telephone No.

Request for Pension Information

The individual identified below has applied for medical assistance. The requested information will assist in determining this individual's eligibility. Please complete the Response section on Page 2 of this letter. Your prompt reply will be appreciated.

Name of Applicant (Last, First, Middle)	Social Security No.
Mailing Address	
Other Information to Identify Account	

FEDERAL TAX INFORMATION (Check the appropriate box.)

- Yes
- No

Comments/Additional Information Needed:

THANK YOU for taking the time to complete all of the information on Page 2. Your help is greatly appreciated.

Telephone No. (incl. area code)

Signature—HHSC Staff

Date

REQUEST FOR PENSION INFORMATION

Please complete and return this page only.

Response:

Name of Applicant (Last, First, Middle)	Social Security No.
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Gross Monthly Benefit \$	Net Monthly Check Amount \$	Amount of Income Taxes Withheld \$	Effective Date of Benefit \$
Health Insurance Deduction \$	Health Insurance Company Name	Group No.	Policy No.
Life Insurance Deduction \$	Life Insurance Company Name	Group No.	Policy No.

Additional Information Requested:

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Company Name	Company Mailing Address
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Telephone No. (incl. area code)

Signature

Date

Return Form To:

Eligibility Specialist	Telephone No.	Fax No.
Address		