

Client Intake Form

*required fields



Date _____

Reset Form

Print Form

Beneficiary Information

State of Jurisdiction/Venue _____

Form fields for Beneficiary Information: First Name*, Last Name*, DOB*, SSN*, Address*, City*, State*, Zip*, Primary Phone*, Employer, Employer's Address, Date of Injury*, Settlement Date, Age at Settlement, Rated Age, Life Expectancy

Contact Information (All applicable boxes should be completed regardless of referring source.)

Form sections for Adjuster, Defense Attorney, Plaintiff/Claimant Attorney, and Structured Settlement, each with fields for Name, Email Address, Phone, and Address, and a Referred By checkbox.

Affiance Services Requested (Please check one.) [] Self Administration Package [] Custodial Account [] Medical Payment Account

Funding Information

Funding Information section with sub-sections: How will the MSA be funded?, Life Company providing MSA Structure, Special Instructions, and Custodial Account Admin Fees*.

Entitlement Information

Entitlement Information checkboxes: Claimant is currently on Social Security Disability or Retirement and Medicare: [] Part A [] Part B, Claimant has applied for Social Security Disability and is reasonably expected to be on Medicare within the next 30 months, Claimant is approximately 62.5 years of age and is expected to be on Medicare within the next 30 months.

*Please include a copy of the claimant's driver's license or state-issued ID as well as a copy of the claimant's Medicare card (if applicable).

Injury Information

Injury Information section with fields: Brief Description of Injury, ICD-9 Diagnosis Codes and Descriptions (submitted to CMS), MSA Total \$, Medical Amount \$, Rx Amount \$

Remainder Beneficiary (name/percentage)

Remainder Beneficiary section with fields: 1. Name _____ % _____, 2. Name _____ % _____, 3. Name _____ % _____