



Benefits Management Corporation and
 Living in Familiar Environments
 2640 Cordova Lane • Ranch Cordova, CA 95670
 297 Commercial Street, Suite #700 • San Jose, CA 95112
www.webpayee.com * Phone (866) 622-3098 * Fax (866) 606-3248

Consent to Release Information

To: Benefits Management Corporation and Living in Familiar Environments

Name: _____ Date of Birth: _____
 SSN: _____

I hereby give my consent to **Benefits Management Corp / L.I.F.E.** to obtain and/or exchange information for the purpose of either planning for my well-being and/or assuring my continuing eligibility for Social Security benefits.

I also hereby give my consent to **BMC / L.I.F.E.** to obtain and/or exchange information regarding the item(s) below for the purpose of planning for my well-being.

- | | | |
|----------------------------|----------------------------|-----------------------------|
| Social Security Number | Account Ledger | Current Monthly SSA/SSI |
| Bank Account | Burial Trust | Medi-Cal Utility Bills |
| Wages/Employment Record | Address/Living Arrangement | |
| O.H.S. Plan / Appointments | Social History | Other (explain below) |

I am the individual, to whom the requested information/records applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare that I have examined all of the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that BMC / LIFE is not responsible if a person authorized to obtain information regarding my account does so with false pretenses and BMC / LIFE is not responsible for any effect to your benefits caused by releasing the requested information.

 Print Name

 Date

 Signature of Claimant or Legal Guardian

 Relationship (if not claimant)

 L.I.F.E. Staff Member

 Date