

Department of Labor & Industries  
 Social Security Offset  
 PO Box 44283  
 Olympia, WA 98504-4283



## SOCIAL SECURITY OFFSET COMPUTATION SHEET

Name			SSN	Claim #
DOB	DOI	Married or Reg. Dom Partner	Dependents DOB	Folio #
80% \$	High Year \$	5 years \$	By 12/60	No Proof of \$ Higher Than \$
Total Family Benefit \$	Claimant \$	Spouse/Reg. Dom Partner \$	Dependents \$	
Previously Offset by SSA From _____ Thru _____		Effective Date of Rate	Date of Entitlement	SSA Info Received

Yr of Onset	TRI (yr)
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Effective Date					
TPD w/o PPD Red/Full TL					
With PPD Reduction					
Less Offset					
New TPD/TL Rate					
Calc Date/Name					

Overpayment Period	Amount \$	Recovery Method
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AR Prior to PPD Reduction (or Full AR for Time Loss) \_\_\_\_\_ Option \_\_\_\_\_ AR Prior to Offset \_\_\_\_\_ PPD Red \_\_\_\_\_

TIME LOSS ONLY					PENSION ONLY					Payment ID
Date					Date					
AF Offset \$					Less Ded					
SP Offset \$					Amt Paid					
Remarks:					AR					
					SUP					
					ARC					
					Benefit Code		Coded Date			