



Benefits Management Corporation and Living in Familiar Environments
P O Box 168045 • Sacramento, CA 95816
P O Box 11012 • San Jose, CA 95103
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.

- Checkboxes for: Social Security Number, Account Ledger, Current Monthly SSA/SSI, Bank Account, Burial Trust, Medi-Cal, Wages/Employment Record, Social History, Utility Bills, O.H.S. Plan / Appointments, Address/Living Arrangement, 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
Signature of Claimant or Legal Guardian
L.I.F.E. Staff Member

Date
Relationship (if not claimant)
Date