No endorsement of benefit plans or health care is authorized by section 2046 of Public Law 94-171, the Social Security Act. Also, to make any payments to an employer for the benefit of the employee, the employer must make any necessary records that may be required by the Social Security Administrator. The employer must include any information that may be required by the Social Security Administrator. Further, the employer must include any information that may be required by the Social Security Administrator.

Claimant's Name (If filed under)

Address:  (Lease or tenant)

Claim

Claim in name by name and address of interest or in self-owned.

Benefits

1. Medical payments $__________
2. Medical payments $__________
3. Other (Specify) $__________
4. Total $__________

Agreements

The information contained on this form is true and correct. This information may be used to prepare the Federal Employees' Compensation (FEC) claim.

Authorized Signature for Insurance Carried as Self-Owned

Date

Page 1

1. Submit a copy of this claim to the Social Security Administration, 653 Smith Street, Washington, D.C. 20411.
2. File a separate claim for each event.
3. Complete every item on claim form.
4. Attach all supporting documents in a declared dependency, such as a signed and sworn statement of receipt, and the Social Security Administration.
5. Include all information on this form. The Social Security Administrator will not accept claims that do not include all required information.
6.-Based on the Social Security Administration, any additional information may be required.
7. Make each attachment or similar attachment:
   (a) A copy of the Social Security Administration form
   (b) A copy of the Social Security Administration form
   (c) A Social Security Administration form

Page 2

FECA-PT4 Printed: 09/10/2012