



Date

HHSC Staff

Office Address/Telephone No.


**Request for Pension Information**

The individual identified below has applied for medical assistance. The requested information will assist in determining this individual's eligibility. Please complete the Response section on Page 2 of this letter. Your prompt reply will be appreciated.

Name of Applicant (Last, First, Middle)	Social Security No.
Mailing Address	
Other Information to Identify Account	

**FEDERAL TAX INFORMATION (Check the appropriate box.)**

- Yes
- No

**Comments/Additional Information Needed:**

**THANK YOU** for taking the time to complete all of the information on Page 2. Your help is greatly appreciated.

Telephone No. (incl. area code)
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Signature—HHSC Staff

Date

