



FIDELITY
FIDUCIARY
COMPANY LLC

Professional Administration Referral Form

Date

Case Information

Claimant's Name

Gender

WC/St. Jurisdiction

Social Security Number

Address

Claim Number

Diagnosis

Date of Injury

Date of Birth

Employer/Insured

Employer's Address

Contact Information

Adjuster's Name

Phone

Fax

Email

Insurance Company

Insurance Company
Address

Defense Attorney's Name

Phone

Fax

Email

Defense Firm

Defense Firm's Address

Plaintiff Attorney's Name

Phone

Fax

Email

Plaintiff Firm

Plaintiff Firm's Address

Structured Settlement
Broker

Phone

Fax

Email

Brokerage Firm

Brokerage Firm's
Address

MSA, MCA and CMS INFORMATION (Check Box if applicable/documents are attached)

Is this file CMS approved?

Yes

Not Yet

N/A (Non-Submission)

Total MSA (Medicare Set-Aside) Amount

Normal Life Expectancy (Years)

Rated Life Expectancy (Years)

***Attach Settlement Agreement**

Is this settlement

Lump Sum Payment

Structured Payments

Is this settlement

For Life

Number of Years

Annuity Contract

Number of Years for Settlement (if Applicable)

Beginning Date

Payments to FFC

Set Up Fee

Annual Admin Fee

Lump Sum Fee

Payments to Custodial Account

Initial Seed/Cash

Annual Annuity

Beginning Date

Who receives any remaining funds if beneficiary dies?