

# Disability Insurance Claim Verification Checklist

## Personal Information

- ☐ Full name of claimant
- ☐ Date of birth
- ☐ Contact information
- ☐ Insurance policy number

## Claim Details

- ☐ Date of claim submission
- ☐ Date of disability/incident
- ☐ Completed claim form

## Medical Documentation

- ☐ Physician's statement
- ☐ Relevant medical records
- ☐ Proof of diagnosis/disability

## Employment and Income Details

- ☐ Employer's statement
- ☐ Recent income records
- ☐ Job description
- ☐ Proof of work absence

## Additional Verification

- ☐ Identification proof
- ☐ Other insurance coverage details
- ☐ Authorization to release information

## Notes