

# Short-Term Disability Insurance Claim Form

## Personal Information

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Full Name

Date of Birth

Social Security Number

Address

Phone Number

Email

## Employment Information

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Employer Name

Employer Address

Employer Phone

Job Title

Date Employment Began

## Disability Information

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Type of Disability

Date Disability Began

Expected Return to Work

Treating Physician Name

Physician Phone

Describe Your Disability

## Authorization & Signature

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Signature

Date

