

Group Disability Insurance Claim Statement

1. Personal Information

Full Name

Date of Birth

Address

Phone Number

Email

Policy Number

2. Employer Information

Employer Name

Occupation

Start Date of Employment

Last Day Worked

3. Disability Details

Date Disability Began

Cause of Disability

Describe Your Condition

Treating Physician Name

Treatment Received

4. Authorization and Signature

Signature

Date

