

Short-Term Disability Employee Request

- Complete this form for the first seven days of your disability period.
- Ask your physician to complete the Attending Physician's Statement on the reverse side.

1. Employee Information	Social Security Number	Name
2. Claim Information	Is your absence work related? <input type="checkbox"/> No <input type="checkbox"/> Yes	If claim related to an accident? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", date _____ time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
3. Federal & State Income Tax Withholding	Nature of illness or injury for which claim is being made. If injury, please describe how, when and where.	
3. Federal & State Income Tax Withholding	If eligible for short-term disability benefits, Federal and State income tax will be withheld per W-4 form on file.	
4. Release	To all providers of health care: You are authorized to provide my Employer and my Health Fund Office, or one of its affiliated companies, and any independent claim administrators and consulting health professionals and utilization review organization with whom my Employer and my Health Fund Office has contracted, information concerning health care advice, treatment or supplies provided the patient (including that relating to mental illness, and /or AIDS/ARC/HIV). This information will be used to evaluate claims for benefits. This authorization is valid for the term of the policy or contract under which a claim has been submitted. I know that I have a right to receive a copy of this authorization upon request and agree that a photographic copy of this authorization is as valid as the original.	
	Employee's Signature	Date

Plan Summary – Terms and definitions of the plan will determine actual eligibility.

To qualify for a benefit payment because of a non-occupational illness, employee must be confined in a hospital on an in-patient basis for a portion of the first seven days of the disability period or have surgery or other procedure on an outpatient basis for which a general anesthetic is required.

To qualify for a benefit payment because of a non-occupational injury, employee must be seen and treated by a physician or surgeon for the injury.

Claim forms must be submitted within ninety (90) days after the end of the initial seven (7) consecutive days of the disability for which benefit payment is being requested.

