

Instructions for Completing Short Term Disability Claim Form

(Claim must be filed within 30 days of disability or it may be denied)

Disability Claim Form for Short Term Disability Benefits

Section 1 (Employer's Verification) The entire short term disability claim form must be returned to the Benefits Office in either 202 Bowen or 235 Warner within 30 days from your initial date of disability. A representative from the Benefits Office will complete the Employer section. **Do not take this form to your home department for completion.**

Section 2 (Employee's Statement) The employee is to complete this information in full. Incomplete forms will not be processed. Be sure to include the employee's home telephone number where appropriate, in case he/she needs to be notified.

Section 3 (Physician's Statement) The employee's attending physician is to complete this information in full. If necessary, he/she may attach an additional sheet, as needed, to explain your medical situation. Be sure to have the attending physician include his/her full address and telephone number.

HIPAA Authorization This form must also be turned in with the rest of the claim form. The employee must print his/her name and social security number, read the authorization and then sign the bottom and date it.

Fraud Warning This page must contain the signatures of the employee, the attending physician and the employer.

All four pages must be returned to the Benefits Office for processing. Missing signatures or information will only delay the process and could result in a denial of the claim.

Please forward any questions in completing this form to the Benefits Office at (734) 487-1052. Forms may be faxed to (734) 487-7995.