

## *Filing an Assurity at Work® Disability Income Claim*

Assurity at Work Disability Income insurance coverage provides a benefit when an insured person becomes totally disabled. In the event that an insured person becomes totally disabled, we ask that you please contact Assurity's claims department at **(800) 869-0355, Ext. 4484**, so that we may provide you with compliant claim forms. Assurity also asks that you submit any additional medical evidence that supports your claim of total disability. This information may include, but is not limited to: pathology reports, physicians' notes, medical records and medical test results.

Proof may be required within 12 months of the time of loss. Please consult your contract for specific benefits, definitions, provisions, limitations and exclusions. Assurity may be required to order medical records to assist us in determining your eligibility for benefits. This document provides a breakdown of the required proofs for a disability income claim. Additional information may be needed.

<b>Disability Income</b>	
	<i>Information Needed/Required Proof for Claim</i>
	1) Initial Claimant Statement – To be completed by the claimant and; 2) Attending Physician's Statement – To be completed by your attending physician and; 3) Employer Statement – To be completed by your employer and; 4) Confidential Information Authorization form – to be completed by the claimant
<b>Riders listed below are available for some Assurity Disability Income products but are not necessarily a part of your contract. Please review your contract to verify any riders you may have selected.</b>	
<i>Additional Rider Benefits</i>	<i>Information Needed/Required Proof for Claim</i>
<ul style="list-style-type: none"> <li>Spouse Accident-only Disability Income Rider</li> </ul>	If your spouse wishes to file a claim for Spouse Disability Income Rider benefits, the Disability Income claim forms listed above should be completed by your spouse, your spouse's physician and your spouse's employer. Your spouse must also sign the Authorization form.
<ul style="list-style-type: none"> <li>Retroactive Injury Benefit Rider</li> </ul>	Eligibility for Retroactive Injury Rider benefits will be determined following a review of the disability claim forms listed above.
<ul style="list-style-type: none"> <li>Emergency Accident Benefit Rider</li> </ul>	Itemized bill detailing treatment or procedure in question is needed.  Acceptable documentation must include the following: dates of treatment, diagnostic codes (ICD-9), procedure code (CPT) and amount charged. (HCFA 1500 form and/or UB-04 form obtained from medical provider should include all required information.)

If your disability income coverage includes benefits not detailed in this form, please contact Assurity's claims department at **(800) 869-0355, Ext. 4484** for additional details.

