

Human Resources Department – Benefits Office



CONROE
INDEPENDENT
SCHOOL DISTRICT

Request for *Employer Statement* for a disability claim with American Fidelity

Please print legibly.

Employee's full legal name: _____

Employee identification number (6-digit EIN): _____

Campus/Department: _____

Last full day at work, or date you expect to stop
work, prior to missing work as a result of disability: _____

Have you returned to work? Yes No

Return to work date (or date you expect to return): _____

Is your disability a work-related injury or illness? Yes No

If yes, have you filed a Workers' Compensation claim? Yes No

I authorize the Conroe Independent School District to release the information requested on the *Employer's Report of Claim* portion of the American Fidelity disability claim form as well as any additional non-medical information that American Fidelity may request to process my claim.

I understand that information cannot be released to American Fidelity until I begin missing work due to my disability and the normal processing time for this request is 3-5 workdays. However, I am aware that because of the research and information required, it may take longer to complete the request, so I will be contacted if additional time is necessary.

I also acknowledge that the *Employer's Report of Claim* will be electronically submitted to American Fidelity using its secure web portal and a confirmation statement will be sent to me as marked below.

- Send confirmation statement to my Conroe ISD email account - **OR** -
- Send confirmation statement to my mailing address on record with the District - **OR** -
- Do not send me a confirmation statement

Employee's Signature

Date

Return this form to the Conroe ISD Benefits Office