Filing Instructions for Disability Claims

There are (3) separate forms to fill out to file for a disability claim, plus (1) additional HIPPA form. Each form is designated by the title listed in the upper left-hand corner of each separate form. For the form titled **Routine Pregnancy State of Insured**, as the employee please finish filling out the blank areas and sign and date where indicated. The second form is titled **Employer's Report of Claim**. This form will need to be taken to the Payroll Department/Business Office located in the School District's Administration Building. They will also need to finish filling out the blank areas and sign and date the form. The third form is titled **Attending Physician's Statement**. This form will need to be given to the main doctor who is treating the employee. He/she will also need to completely fill out this form and sign and date. The employee will also need to sign and date the form titled **Authorization to Disclose Protected Health Information**.

Once all (4) forms have been completed, please make copies for your records. Mail all the completed forms together to the address of American Fidelity located on the **Group Disability Claim** page. It generally takes approx. (4) weeks before any claims are processed, and money received by the policy holder.