

Claimants Name \_\_\_\_\_ Policy No. \_\_\_\_\_  
Claim No. \_\_\_\_\_

**In order to continue the evaluation of your claim, we need some additional information. Please complete this form to the best of your ability and return in the enclosed envelope. If you have any questions, please do not hesitate to contact us 800-842-1718.**

**I. Employment History**

Beginning with present or most recent job held 1 year or more, describe each job worked within the past 15 years. **Resumes are appreciated. Please include when available.** If you held more than 1 job with a specific employer, please list each one separately.

1. Name of Employer: \_\_\_\_\_

Date Job Held: \_\_\_\_\_ Job Title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Reason For Leaving Job: \_\_\_\_\_

Tools, Equipment, and/or materials used in job: \_\_\_\_\_

Detailed job duties (include supervisory requirements):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unusual mental and/or physical requirements:

\_\_\_\_\_  
\_\_\_\_\_

2. Name of Employer: \_\_\_\_\_

Date Job Held: \_\_\_\_\_ Job Title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Reason for leaving job: \_\_\_\_\_

Tools, Equipment, and/or materials used in job: \_\_\_\_\_

Detailed job duties (include supervisory requirements):

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unusual mental and/or physical requirements:

\_\_\_\_\_  
\_\_\_\_\_

3. Name of Employer: \_\_\_\_\_

Date Job held: \_\_\_\_\_ Job title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Reason for leaving job: \_\_\_\_\_

Tools, Equipment, and/or materials used in job: \_\_\_\_\_

\_\_\_\_\_

Detailed job duties (include supervisory requirements):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unusual mental and/or physical requirements:

\_\_\_\_\_  
\_\_\_\_\_

Please add pages if more than 3 jobs held in past 15 years.

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**Education/Training**

**High School**

Highest grade completed: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Course of Study: \_\_\_\_\_

If not high school graduate, did you obtain your GED? Y/N

(continued on next page)

If so, when? \_\_\_\_\_

College Training: Y/N Degree? Y/N Type: \_\_\_\_\_

Where? \_\_\_\_\_ When: \_\_\_\_\_

No. of years completed: \_\_\_\_\_

Area(s) of Concentration: \_\_\_\_\_

**Vocational Training:** (Formal training obtained through business, vocational, or other training institutions)

Where \_\_\_\_\_ When \_\_\_\_\_

Length of training: \_\_\_\_\_

Certificate or licenses obtained: \_\_\_\_\_

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Please list any other training you have gained through work or other avenues. Include any special designations obtained (e.g. certificates or licenses).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military Services Training:** Y/N \_\_\_\_\_ Type: \_\_\_\_\_

Where \_\_\_\_\_ When: \_\_\_\_\_

Length: \_\_\_\_\_

How skill was used: \_\_\_\_\_

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**II. Recent/Current Job-Seeking**

Complete this section only if you have been exploring returning to work in some capacity.

Have you contacted your former employer? Y/N

Who did you contact and what was his or her response? \_\_\_\_\_

\_\_\_\_\_

How long have you been actively searching for a job? \_\_\_\_\_

Describe your job seeking method (e.g. responding to employment ads, calling friends, negotiating w/former employer, etc.)

Type of positions sought: \_\_\_\_\_

\_\_\_\_\_

What kind of response(s) have you received: \_\_\_\_\_

Resources utilized in job-seeking:

\_\_\_\_\_ State Employment Commission

\_\_\_\_\_ State Rehabilitation Commission

\_\_\_\_\_ Friends

\_\_\_\_\_ Want Ads

\_\_\_\_\_ Other (explain)

Are you aware of whether your LTD policy contains return to work incentives? If so, do you know how these incentives or policy provisions operate?