

# Long-term Disability Insurance Claim Form Sample

The **long-term disability insurance claim form** sample provides a structured template to help individuals document their disability status accurately. This form ensures all necessary information is included to facilitate the approval process quickly and efficiently. Using a sample form can simplify filing claims and reduce errors.

Personal Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Employment Information

Employer Name:

Position/Title:

Employment Start Date:

Current Work Status:

Select...

Disability Details

Nature of Disability:

Date of Onset:

Treating Physician:

Description of Disability:

Additional Information

Are you receiving other disability benefits?

Select...

Other Insurance Policies:

Submit Claim