

Disability Insurance Statement Form â€“ Income Loss

This **disability insurance statement form** sample is designed to help policyholders accurately report income loss due to disability. It ensures all necessary information is clearly documented for claim processing. Using this form can streamline your disability benefit application and reduce delays.

1. Personal Information

Full Name

Policy Number

Contact Number

Address

2. Disability Information

Date Disability Began

Diagnosis / Nature of Disability

Attending Physician

3. Employment & Income Information

Employer Name

Occupation/Job Title

Last Day Worked

Gross Monthly Income Before Disability

Gross Monthly Income After Disability

4. Income Loss Details

Month	Income Before Disability (\$)	Income After Disability (\$)	Income Loss (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Other Disability Benefits (if applicable)

List any other disability or income replacement benefits received:

Signature of Claimant

Date

Submit Claim