

Short-term Disability Claim Form Example PDF

This **short-term disability claim form example PDF** provides a clear template for submitting disability benefits requests efficiently. It outlines the necessary information and documentation required to process claims quickly. Downloading this form ensures accurate and timely filing for short-term disability benefits.

Sample Claim Form Download

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Required Information

1. Employee Name
2. Date of Birth
3. Employee ID/Number
4. Contact Information
5. Employer/Company Name
6. Job Title
7. Start Date of Disability
8. Physician's Statement
9. Signature and Date

Instructions for Submission

1. Download and print the form.
2. Fill out all required sections clearly and completely.
3. Attach supporting medical documentation.
4. Submit the completed form to the HR or Benefits Department.

Contact Information

For questions about the claim form or process, please contact your employer's HR representative or the benefits administrator.