

# SOCIAL SECURITY DISABILITY CLAIM

Failure to complete this form in its entirety may result in a delay in processing this claim.

FILING CLAIM FOR (check all that apply):  
 Accidental Injury  
 Injury from Disability  
 Injury from Intensive Care  
 Injury from Life Policy Number  
 Injury from Health Insurance Policy Number  
 Injury from Life Policy Number  
 Injury from Health Insurance Policy Number

Accident Policy Number  
NA

INSTRUCTIONS:

- Complete Section A, Policyholder/Policy Information.
- Have your doctor complete Section B, Physician's Statement. If you are filing for disability, have your doctor complete Section C, Employer's Disability Statement.
- If you are filing for disability, have your employer complete and sign Section D, Employer's Disability Statement.
- Be sure to sign your claim form at the bottom of Page 1.

ADDITIONAL NOTES:

- Include bills related to this claim such as ambulance, follow-up visits, physical therapy, etc. All bills should be itemized.
- If you are filing for disability, send us a copy of the emergency room report.
- If you are filing for disability, send us a copy of the emergency room report for all motor vehicle accident claims and other accidents investigated by any law enforcement agency.
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Representing  
clients in  
**SOCIAL  
SECURITY  
APPEALS**

**William P. Knight, Attorney**



139 W. 2nd Street, Suite 1C, Casper, WY 82601



**(307) 235-5050**