

Please send the following eligibility information:

1. Date last worked: _____
number of hours worked on date last worked: _____
2. First day absent from work: _____
3. Estimated or actual return to work date: _____
4. Date of hire: _____
5. Please advise if the employee is currently eligible and enrolled in the VACORP Hybrid Disability Plan offered by Anthem Life: **yes** Choose an item. or **no**
6. Does the employee have LTD : **yes** or **no**
7. Insurance Effective date: _____
8. Is this person a contract employee: **yes** or **no**
If yes, please provide contract dates below:
Current contract start date: _____
Current contract end date: _____
9. Occupation: _____
10. Standard work week hours: _____
11. Please provide the employee's normal "**days off**" during the week - **highlight the off days:**
Monday Tuesday Wednesday Thursday Friday Saturday Sunday
12. Is claim work related: **yes** or **no**

Please send the completed Eligibility Template to LDClaimsTeam@anthem.com

or Fax Toll Free to 800-850-0017.