

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.