



Toll Free: 1-855-604-6230

Disability Claim Form
Return to ReedGroup at
TIPP Customer Care at ReedGroup
PO Box 6278
Broomfield, CO 80021
Fax#: 1-847-554-1853

Employer's Section

Employee ID# _____

Employee Name _____ Social Security # _____

Date of hire _____ Last day at work _____

Occupation _____

Date returned to work F/T _____ P/T _____

Eligible for sick leave or extended sick leave? ___ Y ___ N Duration _____

Confirm date STD benefits should begin _____

Eligible for salary continuation? ___ Y ___ N Amount \$ _____ Duration _____

Eligible for Short-term Disability benefits from another carrier? ___ Y ___ N

If Yes, Name of carrier _____

Is employee eligible for pension disability? ___ Y ___ N

Is this employee eligible for workers' compensation? ___ Y ___ N

Employer Name _____

Employer Address _____

Representative Name _____ Signature _____

Title _____ Telephone Number _____

Date _____

Has employee exhausted all eligible sick leave, extended sick leave, and sick leave pool? ___ Y ___ N

If not, please continue with the submission of this disability claim regardless if all sick leave has been exhausted.

Did the employer pay any portion of the employee's Short-term Disability premium? ___ Y ___ N

If yes, what _____%

Did the employer pay any portion of the employee's Long-term Disability premium? ___ Y ___ N

If yes, what _____%