

**County of Henrico, Virginia
General Government and Public Schools
Long-Term Income Protection**



Employee Claim Form

To be completed by employee:

1. Full name of employee (please print)	Male <input type="checkbox"/> Female <input type="checkbox"/>	2. Social Security #	3. Date of Birth
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4. Date of Hire	5. Department	6. Supervisor	7. Job Title	8. General Government <input type="checkbox"/> Schools <input type="checkbox"/>
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9. Nature of Disability (Describe injury or illness)	10. Is another person/entity responsible for this disability? Yes <input type="checkbox"/> No <input type="checkbox"/>
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11. Date of first medical treatment for this condition	12. Date on which you were first unable to work because of this condition
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13. Have you been disabled as a result of this condition before? Yes No
If yes, when was the previous disability and how long did the disability last?

14. Have you engaged in any work, part-time or otherwise, since your disability date? Yes No
If yes, please explain and provide dates

15. If you have returned to work, give date	16. If still totally disabled, when do you expect to return to work?
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Name	Address	Dates
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.....

18. Have you been confined to a hospital for this disability? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please complete		
Name of Hospital	Address	From	Through
.....
.....

19. Are you receiving, or have you applied for, benefits from any of the following sources?
EACH QUESTION MUST BE ANSWERED.

	Yes	No
a. Salary, wages, salary continuation, or sick leave	<input type="checkbox"/>	<input type="checkbox"/>
b. Disability benefits paid from any group insurance resulting from, or available through, employment with the County	<input type="checkbox"/>	<input type="checkbox"/>
c. Social Security benefits (primary or family benefits)	<input type="checkbox"/>	<input type="checkbox"/>
d. Railroad Retirement Act	<input type="checkbox"/>	<input type="checkbox"/>
e. Veterans Administration	<input type="checkbox"/>	<input type="checkbox"/>
f. Benefits from any federal, state, local or governmental agency	<input type="checkbox"/>	<input type="checkbox"/>
g. Virginia Retirement System (including benefits or refunds)	<input type="checkbox"/>	<input type="checkbox"/>
h. Workers' Compensation or similar legislation	<input type="checkbox"/>	<input type="checkbox"/>

For each question answered "Yes", please furnish the following information:

Name and address of source(s) of income Policy or Claim number Benefit effective date

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Benefit duration Payment frequency Benefit amount
(weekly, bi-weekly, monthly)

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.....

20. I certify to the correctness of these statements and agree to notify the County of Henrico, Virginia Human Resources Department Long-Term Income Protection program immediately if and when I recover, return to work or begin receiving other benefits. I hereby authorize any physician, hospital, Virginia Retirement System, Social Security, or other institution or person to furnish the County of Henrico, Virginia Long-Term Income Protection program any information which they may request concerning my medical history or any examination, treatment, diagnostic test, prescriptions or financial awards I may have received. A copy of this authorization shall be considered as effective and valid as the original.

Signature _____ Date _____

Address _____

Phone _____

Information Release (optional)

I designate the person(s) named below to receive information from Henrico County Human Resources Department about my benefits. I understand that this information may include confidential medical and benefit information. I agree that Henrico County Human Resources Department may share this information with the person(s) below:

Designee Name: _____

Designee Address: _____

Relationship: _____ Phone: _____

Designee Name: _____

Designee Address: _____

Relationship: _____ Phone: _____

These authorizations are valid until revoked in writing.

Signature _____ Date _____

Mail Completed Form to :

County of Henrico, Virginia, Human Resources Department-Benefits Division, P.O. Box 90775, Henrico, VA 23273