

INSTRUCTIONS FOR STANDARD DISABILITY CLAIM FORM

This form must be completed by the Attending Physician, the employee and the Lewisville ISD. All applicable questions on this form must be answered in full. Incomplete or illegible answers may result in delay of benefit consideration. Please keep a copy of this form and any attachments for your records.

INSTRUCTIONS:

- Attending Physician's Statement (page 7) must be completed by the physician primarily responsible for your care
- Employee's Statement (pages 2, 3 and Part A of page 7) must be completed in full
- Authorization (page 5) must be completed by employee

When these portions are complete, send entire form to Brenda Nicholson in the Benefits Department for completion of the employer portion of the form (pages 9 and 10). Please email, fax or mail this form to:

Lewisville ISD Benefits Department
PO Box 217
Lewisville, TX 75067
Phone: 469-948-8073 Fax: 972-350-9359
nicholsonb@lisd.net