# Trustmark DI Claims Process

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## Instructions for Submitting a Trustmark Disability Claim

***BBS understands your need for a timely review of your claim. When completing each part, keep in mind you can prevent the potential of a delay by providing complete and accurate information. Incomplete or illegible answers may result in delay of benefit consideration.***

**Section A - Insured's Information (page 1)**

- ✓ Complete this section in full with the claimant's information.

**Section B - Claim Information (page 1 and 2)**

- ✓ Complete this section in full with all details of the disability.
- ✓ Completion any additional sources of income if applicable.

**Section C - Information Needed for Withholding & Reporting Taxes (page 2)**

- ✓ This section cannot be left blank. It must be completed.
  - First Question – answer is No
  - Second Question – answer is 0%
  - Third Question – answer is 100%

**Section D – Information Pertaining to Policy Premiums (page 2)**

- ✓ ***This section cannot be left blank.*** It must be completed. Member must elect how they wish to make premium payments while they are out.

**Section E – Insured's Statement of Claim – Employment Verification (page 3)**

- ✓ This section must be completed in full ***by the member***.
- ✓ A copy of the member's most recent pay stub *prior to date of disability* must also be attached to the claim form.

**Disclosure Authorization (page 4)**

- ✓ This page must be completed, dated and signed by member.

**State Required Fraud Warnings (page 5)**

- ✓ No employee action required

**Insured Statement of Claim – Communication (page 6)**

- ✓ The method of communication MUST be selected
- ✓ Authorization must be completed and signed by the Policy Owner

**Insured Statement of Claim – Communication (continued) (page 7)**

- ✓ Other Third Party – My Agent – Yes – must be completed
- ✓ Name a Specific Third Party (Name and Relationship) **must** have Employee Family Protection, Inc. indicated ***(if left blank we will be unable to obtain any information on the claim***)
- ✓ Authorization must be completed and signed by the Policy Owner

**Attending Physician Statement (page 8)**

- ✓ Must be completed in full and signed by physician