Group Life Insurance - Waiver of Premium Benefit While Totally Disabled

Claim Statement Package

This package is to be used by Employees who want to file a claim for the Group Life Insurance - Waiver of Premium Benefit While Totally Disabled. The following statements are included:

- Claim Fraud Statements
- Group Life Insurance – Waiver of Premium While Totally Disabled – Employee Statement Instructions
- Group Life Insurance – Waiver of Premium While Totally Disabled - Employee Statement
- Group Life Insurance – Waiver of Premium While Totally Disabled – Employer Statement Instructions
- Group Life Insurance – Waiver of Premium While Totally Disabled - Employer Statement
- Authorization for the Use and/or Disclosure of Information (Recommended)
- Authorization for Release of Claim Information (Optional)
- Attending Physician Statement for Waiver of Premium While Totally Disabled

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an

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Workforce Benents - Claims
PO Box 2387
Omaha NE 68103-2387
PH (855) 810-3301 Fax (949) 219-8872
claims.workforcebenents@pacinclife.com

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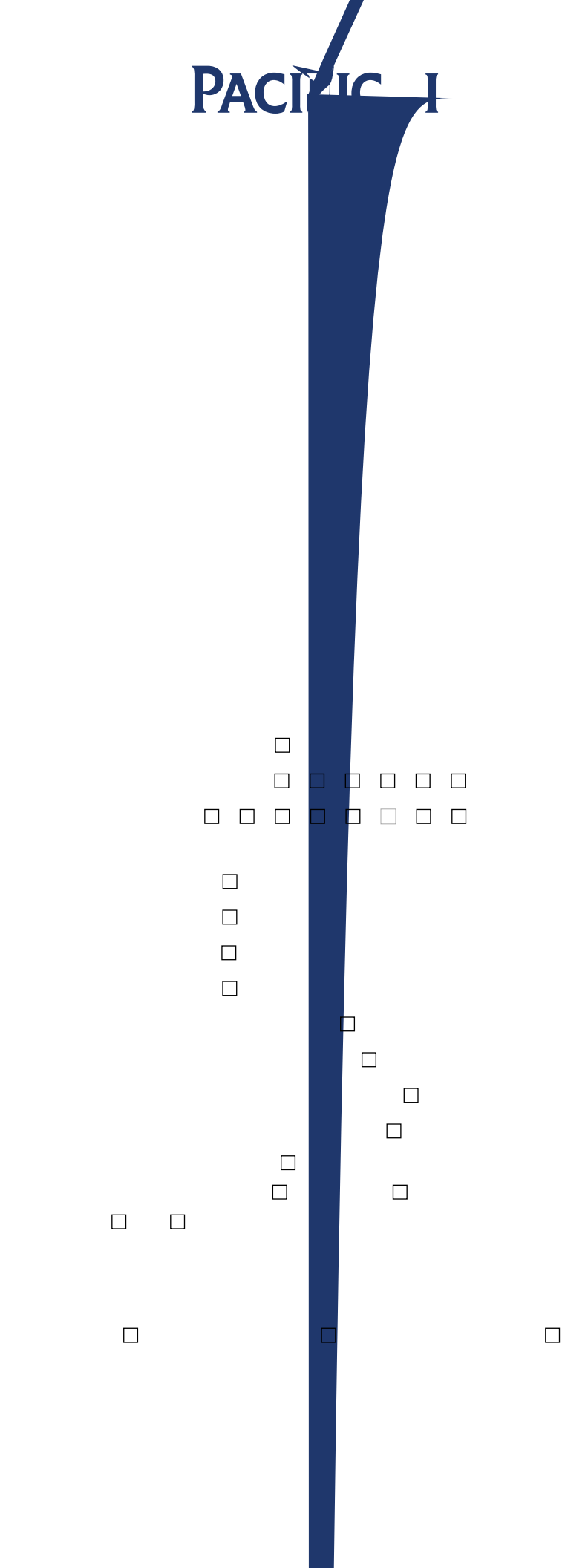
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