Wage Protector® Program
Disability Initial Claim Form
Employee
Everest Reinsurance Company c/o Allied National - Claims Administrator
PO Box 29186
Shawnee Mission, KS 66201-9186

CLAIM SUBMISSION INSTRUCTIONS

PLEASE READ THE INSTRUCTIONS BELOW BEFORE COMPLETING THE ATTACHED DOCUMENTS.

There are three forms that need to be completed to submit a disability claim for benefits:

1. Insured's Statement and Release of Information Authorization
2. Attending Physician's Statement
3. Employer's Statement

The Insured should complete the entire Insured's Statement, sign the Release of Information Authorization, and return the form to Everest Reinsurance Company c/o Allied National - Claims Administrator.

In addition, the Insured should provide the Attending Physician's Statement, including patient name, policy number, and Date of Birth, to the Disabling Physician for completion. The Disabling Physician should then complete the form and send the completed form directly to Everest Reinsurance Company c/o Allied National - Claims Administrator.

Lastly, the Insured should provide the Employer's Statement (with Insured's policy number) to their Employer for completion. The Employer should then send the completed form to Everest Reinsurance Company c/o Allied National - Claims Administrator.

All three forms must be sent directly to Everest Reinsurance Company c/o Allied National - Claims Administrator for the claims review process to begin. SUBMISSION OF AN INCOMPLETE OR UNSIGNED CLAIM FORM MAY RESULT IN A DELAY IN PROCESSING YOUR CLAIM.

Please feel free to contact Everest Reinsurance Company c/o Allied National - Claims Administrator at 800-825-7531, if you have any questions.