



Human Resources Dept.  
PO Box 4113 Flagstaff, AZ 86001  
Phone: 928-523-2223  
Fax: 928-523-7486  
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Unum Provident Life and Accident Insurance Company  
Claim for Disability Benefits  
P.O. Box 100158  
Columbia, SC 29202-3158  
FAX: (800) 447-2498

Dear Claims Representative,

This letter is to confirm that the following employee who has submitted a claim for Short Term Disability Benefits was confined in-patient in a hospital for a minimum of 24 hours or had out-patient surgery.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**To be complete by the patient’s Health Care Provider**

Select the type of admission and provide the requested information

	Admission	Discharge
<input type="checkbox"/> Hospitalization	Date: _____ Time: _____ a.m. / p.m.	Date: _____ Time: _____ a.m. / p.m.
<input type="checkbox"/> Outpatient Surgery	Date: _____ Time: _____ a.m. / p.m.	Date: _____ Time: _____ a.m. / p.m.
<input type="checkbox"/> Birth of a Child	Date: _____ Time: _____ a.m. / p.m.	Date: _____ Time: _____ a.m. / p.m.

Baby’s Date and Time of Birth: \_\_\_\_\_

Type of Delivery:  Normal Delivery  C-Section

\_\_\_\_\_  
*Signature of Health Care Provider*

\_\_\_\_\_  
*Date*

Thank you in advance for your prompt attention to this matter. If you have any questions, please contact Human Resources at [hr.contact@nau.edu](mailto:hr.contact@nau.edu) or call 928.523.2223