

RELIANCE STANDARD

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

Short-Term Disability Benefits Initial Statement of Claim

Date of Accident (if any)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	How and where did accident happen?
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Name and Address of Attending Physician	Date you returned to work
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Are you now receiving Unemployment Compensation benefits? Yes No

Are you now receiving or eligible to receive as a result of this disability:

State Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" give name and address of insurer, amount of income, date benefits began and ended.
No Fault Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Social Security Yes No
Worker's Compensation Yes No

We are required to withhold federal income tax from any benefit payments upon your request. If benefits are taxable by your state, we will also withhold state income tax upon your request. We must also send a report to your employer at the end of each calendar year showing your name, social security number, any benefits paid and any taxes withheld. If you would like us to withhold any taxes, please indicate the dollar amount to be withheld each week:

Federal Tax to be Withheld _____ (\$20.00 Minimum per week, whole dollars only)
State Tax to be Withheld _____ (\$ 2.00 Minimum per week, whole dollars only)

I authorize RSL to send my disability payments to the Bank designated below for electronic deposit in my Account. I understand that I may terminate this arrangement at any time by writing to the RSL address above.

Yes Set-up Direct Deposit

Bank/Financial Institution Information

Name of Bank (Print)		
Address of Bank		
City,	State	Zip

Choose Type of Account

Checking Savings

Bank Transit/Routing Number (9 Digits)
Personal Account Number
Or Attach a Voided Check imprinted with your name.

Any person who knowingly and with intent to injure Reliance Standard Life Insurance Company files a statement of claim or submits any information in conjunction with a claim containing fraudulent, false, misleading, incomplete or deceptive information commits a fraudulent insurance act, which is a crime. These actions will result in the denial of the claim, and are subject to prosecution under state and/or federal law. Reliance Standard Life Insurance Company will pursue any and all appropriate legal remedies arising from such fraudulent insurance acts.

Insured's Signature	Date	Telephone Number ()	E-Mail Address
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