



NORTHERN ARIZONA UNIVERSITY

DEPARTMENT of HUMAN RESOURCES

PO BOX 4113

(928)523-2223 FAX (928)523-8861

<http://www.nau.edu/hr>

Date: _____

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 in support of the Claim for Short Term Disability Benefits filed through Northern Arizona University for _____
SSN: _____.

The above patient was confined in-patient in a hospital for a minimum of 24 hours.

Admit Date: _____

Time: _____ a.m. / p.m.

Discharge Date: _____

Time: _____ a.m. / p.m.

Baby's Date and Time of Birth: _____

Type of Delivery: _____ Normal Delivery _____ C-Section

Physician's Signature: _____

Thank you in advance for your prompt attention to this matter. Please contact Alicia Howard at (928) 523-0243 or Anna Fallis at (928) 523-6140 with any questions.