

FORM 1: Sample Notice of Claim

DATE

Via Fax and Mail

Insurer

Address

Re: Client Name
Claim #, etc:

Dear Sir or Madam:

We hereby submit Notice of Claim in accordance with the requirements of the above-referenced policy. Client has been totally/partially disabled and unable to work as of DATE. Please furnish us with copies of all the relevant claims forms so that we can file proof of claim under the policy.

Authorizations authorizing this firm and permitting the release of information in regard to CLIENT are enclosed.

Please forward all correspondence to this firm, etc.

Thank you in advance for your cooperation.

Sincerely yours,

This form originally appeared in *An Attorney's Guide to ERISA Disability Claims*.