

# Welcome to the



## IL MUTUAL DISABILITY CLAIM

For claims on your Short Term Disability policy, there is an Employee Statement and a Physicians Statement, please fill out an Authorization form for this claim as well. The claims form is linked in the same tab as instructional sheet.

**Once you complete the attached form, you can submit using one of the following options:**

- **You can mail them to 3808 W Springfield Ave. Suite C, Champaign, IL 61822**
- **You can email them to [jade@waregroupga.com](mailto:jade@waregroupga.com)**
- **You can fax them to 217-954-0348**

Your IL Mutual short term disability policy covers time off work due to illness and off-the-job accidents. As you will notice, I included 3 Disability forms: one to be filled out by you and employer (2248), a Claim Authorization (9209) to be signed by you, and Physicians Statement (BD153) to be filled out by the Physician and a direct deposit form (CD172) that you can fill out but is not required, if the direct deposit form is not completed your payable benefits will be sent via paper check in the mail. Claim forms cannot be filled out before time off begins. When making a disability claim the examiner will not review until all components are received: Attending Physician Statement, Claim Authorization Form, EE & ER statement. After the claimant is disabled, IL Mutual has 7-10 business days to review. They will ensure all paperwork is filled out and review the policy information to determine if medical records need to be requested. Some offices can take up to 14 business days to release medical records. If the claimant can request this information while at an appointment, it can help speed the process up.

**For assistance, please call:**



### Jade Wood

*Claims Support & Office Manager*

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