



National Underwriting Services, Inc.

Corporate: 14893 S.H. 16 N., Suite 1, Helotes, TX 78023 • 210-695-2381

Nebraska: 25005 Chicago St., Waterloo, NE 68069 • 402-614-9330

Eligibility Questionnaire

Group Name: _____

Employee Name: _____

- 1) The last date employee worked prior to going on medical leave: _____
- 2) The date the employee returned to work: _____
- 3) Specify how the employee maintained eligibility during their absence from work: (Sick Leave, Vacation, FMLA, Disability, COBRA, etc)? _____

- 4) Please indicate dates for each type of leave: _____

- 5) If the employee was enrolled through COBRA, please send copy of COBRA election form and premium payments.
- 6) If the employee was on Family Medical Leave (FMLA,) please submit a copy of signed FMLA form.
- 7) Was the employee on permanent total disability? _____

- 8) If yes, was disability approved and determined by Social Security Administration?

- 9) In what capacity did the employee return to work? full-time _____ or part-time _____
- 10) Please provide documentation of premiums paid during any and all leaves of absence.

Signed: _____ **Date:** _____

Title: _____

Failure to complete this form could delay claim payments.