



Rapid Pay Income ReplacementSM Claim Form Instructions

EPIC's Rapid Pay Claim Form has three sections – you (the employee), your employer, and your attending physician(s) must each complete your corresponding section. **Immediately AFTER the date your disability begins, please submit completed Employee and Employer Statements.** Review of your claim for advance payment will begin upon receipt of the Employee and Employer Statements. Your physician(s) will need to complete and return the *Attending Physician Statement(s)* before a claim determination can be made.

Section I | *Employee Statement*

This statement is to be completed by the employee applying for Rapid Pay Income Replacement benefits. The Federal Income Tax Withholding Form and General Right of Recovery and Reimbursement Agreement form also need to be completed by the employee.

Section II | *Employer Statement*

This statement is to be completed by the employer's authorized representative.

Section III | *Attending Physician Statement*

This statement is to be completed by the employee's attending physician(s). We recommend that any medical records and/or test results that support the claimed disability be submitted with the *Attending Physician Statement*.

Helpful Hints Regarding Your Claim

- If you have multiple physicians treating you for your claimed disabling condition, **EACH** physician will need to complete an *Attending Physician Statement*.
- If your claim is related to an injury, please provide specific details about the incident along with any police or accident reports.
- Consult your tax advisor or group leader before completing the Federal Income Tax Withholding Form.
- If your claim will be due to a scheduled surgery, you may submit your claim prior to the surgery.

Submitting Your Claim

Please ensure your claim form is fully completed, signed and dated. Please mail or fax your claim form and any supporting documentation to:

EPIC Specialty Benefits
Attention: Life & Disability Claims
P.O. Box 8430
Madison, WI 53708-8430

Questions/Assistance

For questions or assistance, please contact EPIC's Claims Department at 800-520-5750 or claims@epiclife.com.