ONE80 INTERMEDIARIES

National Underwriting Services, Inc.

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CLEAR FORM

Eligibility Questionnaire

Group Name: _____

Employee Name: _____

Indicate the following:

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 _____ ☐ 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.

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.