

IN PERSONAL INJURY, MALPRACTICE, SOCIAL SECURITY, EMPLOYMENT, AND WORKERS COMPENSATION CASES

Are you unable to perform most of your occupational duties full time? Yes No  (May be eligible even if able to work part time or if covered by worker's compensation, or seeking lost wages)
Do you have a sickness or injury, in addition to or other than an injury that occurred in the workplace, that prevents you from working?    Yes    No
Do you know if you are covered by short or long term disability (STD or LTD), life insurance, pension, of 401(k)? Yes No  (Some life plans provide a disability benefit, dismemberment benefit, or advance payment for terminal conditions. Some pension plans have a disability benefit provision and some 401(k) plans may permit early withdrawals for disability)
Do you have recent paycheck stubs showing a deduction/contribution for LTD, STD, life insurance,
pension, or 401(k)? Yes No
Do you have a copy of documents given to you when you were hired that might reference these or other benefits?



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Do you have a copy of the policy or summary plan description for STD, LTD, life insurance, pension 401(k)? Yes No	, or
Does your employer have a website which references benefits? (Do a Google search) Yes	No
Is the employer a governmental entity or a church entity? (This may take it out of ERISA.) Yes	No
Have you now or previously filed a claim for STD, LTD, dismemberment, or retirement?  Yes No	
Do you have any letters from an insurance company or pension plan?   Yes  No	
Did your employer give you a notice of your right to continue your life insurance or converted to a private policy?   Yes  No	





IN PERSONAL INJURY, MALPRACTICE, SOCIAL SECURITY, EMPLOYMENT, AND WORKERS COMPENSATION CASES

Does your employer still offer health insurance?
Did you receive notice of the right to continue coverage?  Yes  No
Were you terminated, or were your hours reduced to cause loss of health insurance?
Has the employer contended that the termination was for gross misconduct? Yes No
Have you incurred unpaid health bills? If so, how much? Yes No
Have you failed to receive needed medical care? Yes No
Does the employer have 20 or more employees?



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Do you have a 401(k)?	copy of th	ne polic No	y or sum	ımary pla	an desc	ription	for STE	), LTD,	, life ins	suranc	e, pens	sion, or
Does your em	ployer hav	ve a wel	bsite wh	ich refer	ences k	enefits	<b>s?</b> (Do a	a Goog	le sear	ch)	Yes	No
Is the employ	ver a gover	nmenta	al entity	or a chui	rch enti	<b>ty?</b> (Thi	is may t	ake it c	out of E	RISA.)	Yes	No
Have you nov Yes	w or previo	ously fil	ed a clai	m for ST	D, LTD,	dismen	nberme	ent, or	retirei	ment?		
Do you have	any letters	s from a	n insura	nce com	pany o	r pensid	on plan	?	Yes	No		
Did your emp		-	notice of No	your rig	ht to co	ntinue	your lif	e insu	rance (	or conv	verted t	to a





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Have you nov Yes	v or previo No	ously file	ed a clai	m for STI	D, LTD,	disme	mberm	ent, oı	r retire	ment?		
Do you have a	any letters	from a	n insura	nce com	pany o	r pensi	on plar	1? '	Yes	No		
Did your emp private policy		-	otice of No	your rig	ht to co	ontinue	your li	fe insu	ırance	or con	/erted	to a



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Did you re	eceive notic	e of the right t	to continue cov	erage?	Yes	No			
Were you	ı terminated	, or were your	hours reduced	I to cause l	oss of hea	alth insuran	ce?	Yes	No
Has the e	mployer cor	ntended that t	he termination	was for gr	oss misco	onduct?	Yes	No	
Have you	incurred un	paid health b	ills? If so, how I	much?	Yes	No			
Have you	failed to red	ceive needed	medical care?	Yes	No				
Does the	employer ha	ave 20 or more	e employees?	Yes	No				