



ERISA REFERRALS QUESTIONNAIRE

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

SHORT AND LONG TERM DISABILITY, LIFE INSURANCE, DISABILITY PENSION AND 401(K) CLAIMS

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, or 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? ☐ Yes ☐ No



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ERISA CASE LAWYERS

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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



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COBRA CLAIMS

Does your employer still offer health insurance? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No



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CLIENT QUESTIONNAIRE FOR ERISA CLAIMS

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