

DISABILITY CLAIM FORM

Policy number: 273459test

Name of Employee: ROHAN S PATIL

Date of Birth: 07/08/1998

City: ONTARIO

Zip Code: 41899

Name of Employer: ALEX PVT LIMITED

Last day worked before disability: 01/01/2023

Date first treated by Physician: 01/15/2023

Date expected to return to work: 05/05/2023

Work related sickness: Yes

Employee Signature: xxxxxx