

### Life Waiver of Premium Claimant’s Statement

(To be completed by insured with the initial application for Waiver of Premium and annual review thereafter.)

Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. What is your disabling condition: \_\_\_\_\_  
\_\_\_\_\_

2. Are you receiving Social Security Disability (SSDI) Benefits?  Yes  No (Complete the applicable section below.)

**For initial applications for waiver of premium complete the questions directly below:**

What is the status of your application for SSDI benefits?

- I have not applied for SSDI benefits.
- I applied but I have not received a decision from Social Security.
- I applied and was denied. Submit a copy of your denial letter with this form.
- I was awarded/approved for SSDI benefits. Submit a copy of your award letter.

**For annual reviews of waiver of premium complete the questions directly below:**

- I am still receiving SSDI benefits.
- My SSDI benefits were terminated.

Date SSDI benefits were terminated: \_\_\_\_\_

Reason SSDI benefit were terminated: \_\_\_\_\_

3. What was your last day worked: \_\_\_\_\_

4. Have you performed any work for pay in the last year?  Yes  No

**If no, skip to question #5.**

**If yes, please answer the questions below.**

Dates of employment? From \_\_\_\_\_ To \_\_\_\_\_

Name of employer? \_\_\_\_\_

What was your job title? \_\_\_\_\_

How many hours per week did you work? \_\_\_\_\_ What was your salary? \$ \_\_\_\_\_

5. Name of your physician: \_\_\_\_\_

Approximate date of your last physician visit: \_\_\_\_\_

I affirm that the above responses are accurate and correct to the best of my knowledge.

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

(If claimant is unable to sign, specify reason and signer’s relationship to claimant.)

# Submitting Forms and Correspondence to WEA Trust

To make filling out forms easier, some of our forms are fillable PDFs which allow you to complete and then save the form on your computer or device. Depending on the browser you are using you may or may not be able to use this feature.

Fillable PDFs require Adobe Acrobat or Acrobat Reader/Acrobat DC to fill them out online or on your computer. Many browsers use a different PDF viewer by default that doesn't support fillable form fields.

If you are unable to complete the forms on your computer or device, you may be able to download and save them to your computer and then fill them out. If you are unable to complete the forms on your computer or device or are unable to download the forms, please feel free to call us at **800.279.4000** and we will be happy to mail you paper copies.

**Don't forget to save your work to your computer or device often.**

You can submit forms and correspondence to us in whatever way works best for you ...

## Postal Service

Address your envelope to:

**WEA Trust**

**PO Box 259537**

**Madison, WI 53725-9537**

## Fax

Include your name and Subscriber Number on the cover page of your fax and send to:

**608.276.9119**

## Secure File Upload

Send scanned or electronically completed forms to us via our [www.weatrust.org](http://www.weatrust.org) website at:

**<https://weatrust.org/secure-file-upload-1>**

## Email

Attach your scanned or electronically completed forms to an email and send to us at:

**[customerservice@weatrust.org](mailto:customerservice@weatrust.org)**

Refer to your Benefit Summary and Plan Document for specific benefit information. If you have any questions, we encourage you to call us at **800.279.4000**.