GTL | GUARANTEE TRUST LIFE

Guarantee Trust Life Insurance Company • www.gtlic.com
1275 Milwaukee Avenue • Glenview, Illinois 60025 • (800) 592-0629

PLEASE HAVE FORM COMPLETED 30 DAYS AFTER: _____/_____/_____

CONTINUING DISABILITY CLAIM FORM

CLAIM NUMBER: _____

INSURED'S STATEMENT

A. Name: _____ Alternate Name: _____

Address: _____

☐ If new address please check box

B. Have you returned to your usual occupation full time? ☐ Yes ☐ No

If "Yes", please give date returned: _____/_____/_____

C. Have you returned to part time or limited duty work? ☐ Yes ☐ No

If "Yes", please describe any limited duties/special hours below, to avoid any delay in the processing of your claim: _____

_____

Insured's Signature: _____ Date: _____/_____/_____