

	Claimant's name
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To be completed by Claimant—If additional space is needed, please attach information.

<p>1. What is your level of education?</p> <p>A. Have you received a high school diploma or the equivalent of a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "No," please advise us of the last grade completed. _____ Grade</p> <p>B. Have you attended college? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Post graduate</p> <p>Please specify: Major field of study _____                  Degree earned _____                  Date last attended _____</p> <p>C. Have you attended any trade schools or received any other special training? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Please specify: Type of training _____                  Date last attended _____</p>
<p>2. Please list all previous occupations and the dates worked for each occupation. Please attach a copy of your resume, if available.</p>
<p>3. What was your occupation when disability commenced and what were the usual duties of your occupation?</p>
<p>4. Which of the above job duties are you unable to perform?</p>
<p>5. Have you discussed returning to work or commencing a vocational rehabilitation program with your doctor?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Have you asked your employer to provide any accommodations which would allow you to return to work?  <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what accommodations did you request and what was your employer's response?</p>
<p>7. What accommodations do you feel could be made by your employer to allow you to return to work?</p>
<p>8. Have you considered retraining? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what vocational area(s) would interest you?</p>
<p>9. Please list all hobbies, outside interests or activities.</p>
<p>10. If you are receiving Workers' Compensation benefits, have you been contacted by the Workers' Compensation carrier regarding vocational rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "Yes," what is the name, address and phone number of the counselor handling your case?</p>
<p>11. Have you contacted your state Division of Vocational Rehabilitation Department? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "Yes," what is the name, address and phone number of the counselor handling your case?</p>
<p>12. Would you like Assurant Employee Benefits' Vocational Rehabilitation Department to contact you to discuss options available which may assist you in returning to gainful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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Please direct correspondence to:  
 Assurant Employee Benefits Regional Benefit Center PO Box 419568 Kansas City MO 64141- 6568  
 T 800.451.4531 F 816.881.8768