



INSTRUCTIONS FOR SUBMISSION
OF A DISABILITY CLAIM
State Form 50106 (R2 / 9-24)

STATE OF INDIANA
State Personnel Department, Benefits Division
Disability Program

**Your Responsibility
THE APPLICATION**

The employee portion of the application must be turned in within thirty (30) days from the date of the disability. *

There is an **online portal** to submit the employee portion of the application, no downloading or printing necessary. This ensures documentation of the date of filing. Application may be submitted online at <https://www.jwfspecialty.com/applications-forms/> Click on State of Indiana Employee's Disability Application to begin

Paper applications are available at <https://www.in.gov/spd/benefits/disability-and-workers-compensation/>.

Please follow the following steps to submit a paper application.

1. **Employee's Claim Statement:** Answer each question completely, sign and date. IF ALL QUESTIONS ARE NOT ANSWERED, IT IS NOT COMPLETE AND CANNOT BE PROCESSED.
2. **Employee's Authorization for Release of Information:** This MUST be signed and dated. Without a signature, your authorization is incomplete and will not be honored by your physician or hospital.
3. **Options Statement:** Please complete, sign and date this form.
4. Return the **Application** (the three forms above*) to your agency or JWF Specialty.

The elimination period for disability benefits is thirty (30) consecutive calendar days. The elimination period for disability benefits from on-the-job injuries resulting from the tortious act of another person is seven (7) calendar days. The effective date for disability benefits cannot precede the date your application [the three (3) forms listed above] is made.

Late application WILL result in a loss of benefits. *

DO NOT TAKE the Employee's Claim Statement, Employee's Authorization for Release of Information, or Option's Statement (your application for benefits) **to your physician**. This may result in a delay or loss of your benefits.

Physician's Responsibility

- 1 **Attending Physician's Statement:** After you have completed the top portion, your treating physician completes the remainder. Have your physician return the completed form to you or fax it to JWF Specialty. The Impairment Rating and the Disability Date must be on Attending Physician's Statement.

You are not eligible to receive benefits until the Attending Physician's Statement has been received by JWF Specialty to enable the determination of disability.

Agency's Responsibility

- 1 Complete the **Employer's Report of Claim**.
- 2 Confirm current salary, leave balance and last day worked.
- 3 Document the date the application is received.
- 4 Agency should send the **Employer's Report of Claim** and the employee's **Application** to JWF Specialty immediately. Caution: Do not wait for the Physician's Statement. This may cause a delay in the employee's benefits. You should also file a Report of Injury Claim if this is an on-the-job injury.
- 5 Forward Attending Physician's Statement to JWF Specialty upon receipt.