
STATEMENT OF CLAIM

Member Name: _____

Section 1: Member Information. The following information will be redacted prior to public disclosure.

| | | | |
|-------------------|-------------------|-----|--------------------------|
| Street Address | | | Social Security Number |
| City | State | Zip | Birth Date (mm/dd/yyyy) |
| Home Phone Number | Work Phone Number | | Cell Phone Number () |
| Email Address | | | |

Section 2: Claim Information. Please provide the following information regarding the claim.

| | |
|-----------------------------------|--|
| Date of Administrative Decision | Date of Administrator Denial of Appeal |
| Nature of Administrative Decision | |
| Documents Requested | |

By filing this Statement of Claim, I understand that I am waiving any claim of confidentiality related to this claim and the documents requested above. I also understand that I am waiving any claim of confidentiality related to any documents necessary for the defense of the administrative decision.

Member Signature: _____

Date: _____