



## CLIENT QUESTIONNAIRE FOR POTENTIAL ERISA CLAIMS

### SHORT AND LONG TERM DISABILITY, LIFE INSURANCE, DISABILITY PENSION AND 401(K) CLAIMS

Are you currently employed or have been employed in the last year? ☐ Yes ☐ No

If answer is "no," no further questions needed.

a. Who is/was your employer?

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b. Did you have any health insurance benefits? ☐ Yes ☐ No

c. Were you given a notice of your right to keep health insurance (COBRA)? ☐ Yes ☐ No

(1) Do you still need the health insurance? ☐ Yes ☐ No

(2) Do you have unpaid medical bills? ☐ Yes ☐ No

d. Did you have any retirement benefits like a pension or 401(k)? ☐ Yes ☐ No

Have you ceased working for an employer because of sickness or injury? ☐ Yes ☐ No

a. Did you have any insurance like disability, life insurance, or retirement? ☐ Yes ☐ No

b. Have you filed a claim for any of these benefits? ☐ Yes ☐ No

c. Do you know whether you may be able to make a claim for other benefits? ☐ Yes ☐ No

d. Do you have a copy of your policies, plan document, or benefits guide? ☐ Yes ☐ No

If no, can you get a copy? ☐ Yes ☐ No