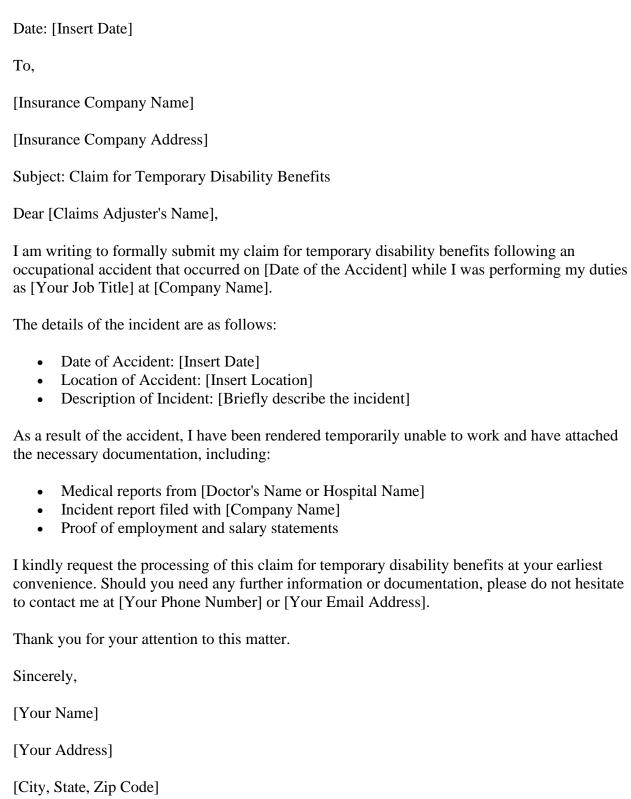
## **Claim for Temporary Disability Benefits**



[Your Policy Number]