Claimant Checklist
Disability Claim Presubmission Checklist

To ensure your claim is processed accurately and efficiently, please provide the following information online at sbam.org/freshdesk or email to membercare@sbam.org.

Personal Information

□ Completed claimant claim form
□ Current contact information
□ Direct deposit form
□ Signed authorization forms

Medical Information

□ Physician Statement
□ Surgery/procedure information
□ Medical records (if available)
□ Disability date
□ Expected return-to-work date (if known)

Please let us know if any of the following applies.

□ Have you stopped working before the disability date?
□ Have you been on leave or working reduced hours?
□ Was there any change in carrier or coverage recently?
□ Does your reported income match your tax records?
□ Is there any reason a carrier may question your last day worked?

Work Information

□ Exact last day worked
□ Description of work performed immediately before disability
□ Copies of schedules/timecards if available
□ Any documentation showing work activity close to disability date

Income Verification

Employees

□ Recent paystubs
□ W-2 information if requested
□ Any additional compensation documentation

Owners / Self-Employed Individuals

□ Prior-year tax returns
□ Current-year earnings documentation
□ 1099s
□ Business invoices
□ Bank deposit records
□ Profit and loss statement (if available)