



# CONCORDIA PLANS

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info@ConcordiaPlans.org

## Disability Submission Form Concordia Disability and Survivor Plan

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### ***Informant's Information***

Informant's Name (First Name, Last Name) \*: \_\_\_\_\_

Informant's Relationship to Employee\* : \_\_\_\_\_

### ***Employee Information***

Employee Name First Name, Middle Initial, Last Name)\*: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Employee Phone\*: \_\_\_\_\_

Employee Address\*: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employee Email\*: \_\_\_\_\_

### ***Employer Information***

Employer Contact (First Name, Last Name)\*: \_\_\_\_\_

Employer Phone\*: \_\_\_\_\_

Employer Fax: \_\_\_\_\_

Employer Email\*: \_\_\_\_\_

### ***Disability Information:***

Last Day Worked (mm/dd/yyyy)\*: \_\_\_\_\_

First Day Disabled (mm/dd/yyyy) \*: \_\_\_\_\_

Job Title\*: \_\_\_\_\_

Diagnosis\*:

If the diagnosis is maternity Choose one\*:

Details of Diagnosis (Optional): \_\_\_\_\_

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Doctor's Name\*: \_\_\_\_\_

Doctor's Phone\*: \_\_\_\_\_

Work Related\*: Yes  No

Worker Compensation\*: Yes  No

\* Indicates Required Field

## SEND YOUR SUBMISSION SECURELY!

1. Complete *all* the required fields on the PDF.
2. Password Protect the PDF with the date of birth of the member (MMDDYY).
  - To Password Protect your file go to PDF tools, click Protect then Encrypt. Select Encrypt with Password and enter the member's date of birth in the MMDDYY format. Terminology may vary slightly depending on the program used.
3. Save the PDF to your electronic device.
4. Email the attachment to [info@ConcordiaPlans.org](mailto:info@ConcordiaPlans.org), and indicate the member associated with the submission.

Once the claim is submitted this information will be sent to Lincoln Financial Group (Lincoln), our service provider. Lincoln will contact the doctor for medical information. Lincoln will contact the employee within five business days of claim submission to review the medical information provided and do a brief medical history. CPS will send a letter or email to the employee and the employer within the business day following submission.

- The employer must complete an employer statement ***with a job description***.
- The employee must sign and return the provided Authorization form.

Once these are received and Lincoln receives the necessary medical information a claim determination can be made.