



(312) 726-8814 ♦ www.cpdfcu.com ♦ (312) 499-8829 (Fax)

DISABILITY CLAIM REQUEST FORM

Date: _____

Member #: _____

Member Name: _____

Address: _____

City, State & Zip Code: _____

Telephone Number: _____

Date of Disability: _____

PLEASE BE ADVISED OF THE FOLLOWING:

- 1. Claim will be filed by CPFCU and submitted to Minnesota Life.**
- 2. Minnesota Life will mail paperwork to your home for you to complete and return to Minnesota Life.**
- 3. You will be responsible for any loan payments until Minnesota Life approves claim and CPFCU receives the funds.**
- 4. For questions concerning a claim, you should contact Minnesota Life Claim Support at 800.328.9442.**