

## CLAIM FOR DISABILITY INSURANCE BENEFITS FORM DE 2501%0A

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Please read instruction and information pages A D before  
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notice to employer of disability insurance EDD 'Notice to  
Employer of Disability Insurance Claim Form Instructions  
Question 1: Verify if employee is still employed or has  
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addresses common questions about Disability claims.  
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specific information about your Disability insurance  
coverage, refer to your group insurance certificate. The  
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