

Hartford Life and Accident Insurance Company

Minneapolis Disability Claims, P.O. Box 386208, Bloomington, MN 55438-6208
Phone: 1-866-241-8299; Fax 877-454-7217



Northwest Airlines, Inc. Long Term Disability Claim Form Instructions

It is important that you complete and return the attached claim form 8 weeks prior to the end of your elimination period. This will allow ample time for gathering information needed to process your claim for benefits.

1. Complete Employee Claim Form Only
 - Complete all Sections, (Section I - IV)
 - Sign the form at the bottom of Page 2
 - Complete page 3 with your name, date of birth and last 5 digits of Social Security Number
 - Sign the bottom of page 3
 - Review your portion of the claim form for completeness
 - Attach a copy of Social Security and other income entitlement awards (or forward when received)
2. Have your Health Care Provider complete the Attending Physicians Statement of Disability
 - Do not complete any portion of this form yourself
3. Once both forms have been completed by yourself and your Health Care Provider, please forward the white copy of both forms (keep the yellow copy of both forms for your files) to the following address or fax number:

Hartford Life and Accident Insurance Company
Minneapolis Disability Claim Office
P. O. Box 386208
Bloomington, Minnesota 55438-6208
Fax 877-454-7217

Once the form is received by Hartford Life, the claims department will contact your Employer to obtain additional information. Following receipt of this information, a claims representative will contact you to discuss your claim for benefits.

If you have any questions regarding the material enclosed, please contact The Hartford's Disability Claims office Monday through Friday, 8 am to 6 pm Central Time at 1-866-241-8299.

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