



Fenchurch General Insurance Company

Early Intervention Form

Complete this form any time an employee has been, or will be, absent from work for **five (5) consecutive days** due to non-occupational illness or injury. ➔ Immediately send the form to Fenchurch General Insurance Company ➔ Fax: 877.364.6666 or ➔ Email: claims@fenchurchgeneral.com ➔ Phone: 866.226.4817

EMPLOYEE CONTACT INFORMATION		Please Print
Site / Location	Employer	
Last Name	First Name	Phone
Address:		Postal Code:
Position	Typical Schedule / # hours per week	
Is the employee eligible to apply for Short Term Disability Benefits	^ NO	^ YES
Is the employee eligible to apply for Long Term Disability Benefits	^ NO	^ YES
Please specify, is the employee	† Union	† Non-union/excluded
		† Management
Last Day Worked	Date First Absent	Date Faxed to FGIC

EMPLOYER CONTACT INFORMATION		Please Print
Employer Contact Name	Phone	
Employer/Manager would like to discuss absence with FGIC?	^ NO	^ YES
Doctor's note provided to employer?	^ NO	^ YES, If yes, please fax to FGIC
Has the employee provided an estimated return to work date?	^ NO	^ YES If yes, specify date below
Has a Workers Compensation Claim been filed?	^ NO	^ YES
Estimated (or actual) return to work date (Day/Month/Year)	Employer/Manager/Supervisor Signature	