

P.O Box 890, Meridian, ID 83680-0890  
(800) 433-0088 • (208) 893-5040 fax  
[www.bestlife.com](http://www.bestlife.com)

1. Before submitting initial claim proofs for Waiver of Premium Benefits, the claimant must have been totally disabled and unable to engage in any type of occupation for wage or profit for at least nine consecutive months.
2. If the claimant meets the above condition, the following forms must be completed in their entirety and returned to us:
  - a. The Claimant's Statement completed by the employee or association member;
  - b. The Employer's Statement completed by the Employer, Union or Association whichever is applicable;
  - c. The Attending Physician's Statement completed by the claimant's physician(s) who can certify disability from the date last worked.
3. We require the claimant's original enrollment card and beneficiary changes, if any.
4. If your group life insurance schedule of benefits is based on salary, we require copies of the claimant's payroll records for the three month period immediately preceding the date the disability commenced.
5. Any other information that you feel is pertinent and should be included with the above should be forwarded to:

BEST Life and Health Insurance Company  
ATTN: Policy Benefits/Life  
P.O Box 890  
Meridian, ID 83680-0890