

Benefits Department | P.O. Box 248929 | Oklahoma City, OK 73124

American Fidelity Assurance Company | 800-662-1113 | Fax: 855-651-1294 | americanfidelity.com

## $Employer's \ Report \ of \ Claim \ {\it To be filled out by the employer}.$

Name of Employer:	
Phone Number: (with area code)	Fax Number: (with area code)
Mailing Address: (street, city, state, zip)	
Type of Leave Approved:	Dates Approved: Intermittent or Reduced Continuous
Approved Leave Period:	Wage Earnings:
Any current breaks from work or anticipated future breaks from work that are unrelated to leave?	
Employer Signature:	Date:

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