



# 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 (we do not require originals) ➔

Fax: 1.877.364.6666 or  
 Email: [claims@fenchurchgeneral.com](mailto:claims@fenchurchgeneral.com)  
 Phone: 1.833.643.3337

<b>EMPLOYEE CONTACT INFORMATION</b>		<b>Please Print</b>
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

<b>EMPLOYER CONTACT INFORMATION</b>		<b>Please Print</b>
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	