



Sterling Utilities Plus, Inc.

"We Pay Your Bills When You Can't!"

Disability Payment Request Form

Please complete all of the information below, sign and date, and have your signature notarized. Mail the completed form in with the necessary documentation to:

Attention: Protection Verification

P.O. Box 300652
Houston, Texas 77230-0652
(281).596.4488 (fax)

Please fill in **ONLY the appropriate section of the protection needed.

****Please Write LEGIBLE in black or blue ink only. Failure to do so will result IN DELAYING the process of your protection.**

Section I. Personal Information				
Last Name:		First Name		Social Security Number:
Home:		Mobile:		Work:
Address:		City:		State: Zip:
Section II. Employer Information				
Employer Name:			Is it work related: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Provide employment information. If no, provide a written letter from your doctor stating that you are disabled and unable to work.	Phone:
Address:				Fax:
City:	State:	Zip:		Print Name Signature:
Section III. Doctor Information				
Doctor's Name:		Date of Disability ___/___/___		
Doctor's Signature:		Expected Dates of Leave ___/___/___ to ___/___/___		
Doctor's Phone:		**Please provide your doctors name and phone number.		

Signature of Protectee: _____

Date: _____

Signature of Co-Protectee: _____

Date: _____

State of Texas County of _____

Before me, a notary public, on this ___ day of _____, 2009 personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized Seal)

Notary Public's Signature

For Official Use Only		
Verified Employer	Date: ___/___/___ Initials: ___	
Verified Doctor's Information	Date: ___/___/___ Initials: ___	