Tips for Completing the CMS-1500 Claim Form

This document is to help you provide valid information for timely payment of your claim.

16. Dates member was unable to work in
current occupation (C): Required if member is
H O L J L E O H I R U G L V D E L O L W \ R U Z R U N H U ¶ V
benefits due to this illnesnrtifact2 ( )-0N748 (e)1fn43-.pTT2 10 T.>g6 (e)8 (n)-8 (e)8 (fi)-6 (t)-4 (s)7 ( )-8 (du/ (d)7(_20 (d)12 (c)