**E&O BENEFITS CLAIM FORM**

Name of Employee:

Date of Hire (first day on payroll):

Type of Appointment:

Type of Benefit for which claim is being presented:

Describe the nature of the problem:

How was the problem discovered?:

In your opinion, was an error made? Yes [ ]  No [ ]

Please describe the circumstances:

 UW-Campus Name Benefits Manager Date

**\*\*please return completed form to campus Risk Management office\*\***