Guardian

STD Part-Time Earnings Record

Send to Group STD Claims, PO Box 14331, Lexington, KY 40512
Customer Service: 800-268-2525 FAX: 610-807-8270
Documents can be returned electronically at www.guardianlife.com/forms. Select the "Benefits through work" option and click the "Secure Channel" link to send your private information.

Claim #

Employee
Plan #
Member ID
SS#

Please provide dates and hours worked for the period to .

DATE WORKED	HOURS WORKED	DATE WORKED	HOURS WORKED

Total Hours Worked Hourly Rate

Job Title

Copies of pay stubs for this pay period ☐ are required ☐ are not required.

Please fax this information to the fax number listed above or send it to the address listed above.

Send to the attention of

Employer Signature & Title Date