

**Connecticut
Department of Labor**

Working with you for a better future.

NOTICE OF EXPECTED DELIVERY DATE

Claimant's Statement

Claimant's Social Security Number:

Claimant's Name:

First

MI

Last

Expected Delivery Date:

Month

Day

Year

If not under a physician's care,
until what date will you be able to
work?

Month

Day

Year

Claimant's Signature

Date

UC-793A (12/5/00)

**Connecticut
Department of Labor**

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NOTICE OF EXPECTED DELIVERY DATE

Physician's Statement

Claimant's Social Security Number:

Claimant's Name:

First

MI

Last

Expected Delivery Date:

Month

Day

Year

Until what date will you be able to work?

Month

Day

Year

Physician's Signature

Date