SERVING PILOTS SINCE 1951
HARVEY WATT & CO

Pilot Extended Sick Bank (ESB) Verification Form

American Airlines

This fully completed ESB Verification Form must be submitted to Harvey Watt directly. A Qualifying Disabling Event (QDE) is an illness or injury which would presumptively qualify as a disability under the Pilot Long-Term Disability Plan. Please note: Approval for ESB usage does not constitute an approval for LTD. **All lines must be completed and must include MM/DD/YY for questions requiring dates.**

SECTION A - Employee: ALL lines must be completed. Incomplete forms will **NOT** be processed.

Name:	Employee Number:
Address:	Phone Number:
	Email Address:
Date of Hire: ___/___/_____	Date of Qualifying Disabling Event: ___/___/_____
Seat: CA ☐ FO ☐	

Name of Health Care Provider (HCP) for your illness or injury:
I grant permission for the Company to contact my HCP indicated above for clarification - Yes: ☐ No: ☐

☐ Were you hospitalized (including emergency room visits and outpatient surgery) or injured on duty?

Additional information:	
Employee Signature (required):	Date:

SECTION B – Healthcare Provider: All lines must be completed. Incomplete forms will **NOT** be processed. Only provide information for the illness or injury that gave rise to the above-referenced absence.

Diagnosis & Symptoms:
Treatment Plan & Medication (prescribed usage, treatment start/est. finish dates, dates of procedure):
Adverse side effects:
Limitations:
Prognosis:
Additional information:
Please attach any additional pages or medical records you feel would be useful.

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Signature required by both pilot & HCP attesting to the accuracy to the best of their knowledge.

Date(s) of onset & treatment for purposes of this absence **(MM/DD/YYYY)**:	
Future Planned follow-up or re-evaluation dates **(MM/DD/YYYY)**:	
Is the employee able to work at this time? Yes: ☐ No: ☐	
What is the anticipated date for return to work? **(MM/DD/YYYY)**	
Health Care Provider (print name):	
Specialty | Type of Practice:	
Phone Number:	Fax:
Health Care Provider Signature (required):	Date:

Updated 11/7/25

STOP: Please review the form and make sure all lines are completed.
Any incomplete forms submitted will NOT be processed

ESB Form & Documentation may be submitted directly to Harvey Watt & Co.:

- Secure Fax: 404-761-8326
- Secure Upload: HarveyWatt.com and Click UPLOAD in the top right of webpage
- Email: AmericanESB@harveywatt.com
- Mail: PO Box 82876, Atlanta, GA 30354