



Handicapped Child Attending Physician's Statement

Employee Instructions

- Complete Sections 1-3.

Attending Physician Instructions:

- Complete Sections 4-6 and return the completed form to employee.

1. Employer Information	Name (as shown on ID card)	Policy/Group Number	
2. Employee Information	Name	Social Security Number - -	Birthdate (MM/DD/YYYY)
3. Dependent Child Information	Name	Birthdate (MM/DD/YYYY)	

4. Physician's Statement

If there is not enough room please attach a history to this form.

A. Diagnosis	
B. Date you first attended dependent ____ / ____ / ____ MM DD YYYY	C. Date of last saw patient ____ / ____ / ____ MM DD YYYY
D. Degree of incapacity	
E. How long has the mental or physical incapacity existed?	
F. How long is this incapacity expected to continue?	
G. Treatment	
H. Results of special studies	
I. Current State	
J. Prognosis	
K. In your opinion, is the dependent capable of self support? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what prevents such support _____	
L. Can this dependent perform any type of work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____	

5. Other Treating Physicians

Please list the name/address and telephone number of all the physicians or other health care providers you are aware of that are currently treating this dependent for his or her mental or physical incapacity

6. Attending Physician Information

Attending Physician's Name & Address (include street, city, state, zip code)

Attending Physician's Signature	Date
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Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.

Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.