



CERTIFICATION OF DISABILITY FORM

Dependent children are covered until they reach age 19. However, if your dependent is unmarried, and either physically or mentally disabled, you may continue his/her coverage beyond age 19. To qualify, the disability must have occurred before reaching age 19. If this is the case, please complete this form and return it to the Fund in the envelope provided.

TO BE COMPLETED BY MEMBER (Please Print)

Member's Name _____ Member's ID # _____

Address _____ City _____ Zip _____

Signature Date

I REQUEST CONTINUATION OF COVERAGE FOR THE SON/DAUGHTER NAMED BELOW WHO IS TOTALLY DISABLED

Dependent's Name _____ Date of Birth _____

TO BE COMPLETED BY ATTENDING PHYSICIAN (Please Print)

Physician's Name _____ Telephone _____

Address _____ City _____ Zip _____

Is Dependent incapable of self support by reason of a mental or physical disability?

YES NO

Date Dependent above became incapable of self support _____

Prognosis (estimated in months or years) _____

Date Dependent was last treated _____

Is Dependent confined: At Home Institution Name of Institution _____

Diagnosis of condition causing disability (indicate degree of severity)

Physician's Signature Date