CSEA Employee Benefit Fund
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.

MAIL COMPLETED CLAIM TO

CSEA Employee Benefit Fund
PO Box 516
Latham, NY 12110-0516

TO BE COMPLETED BY MEMBER (PLEASE PRINT)

Member's Name _____ EBF ID# _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip Code _____

Daytime Phone # _____ Email _____

I request continuation of coverage for the son/daughter named below who is totally disabled:

Dependent's Name _____ Date of Birth _____

Member's Signature _____ Date _____

TO BE COMPLETED BY PHYSICIAN (PLEASE PRINT)

Physician's Name _____ Phone # _____

Address _____

City _____ State _____ Zip Code _____

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) _____

Is dependent confined: At home ☐ Institution ☐ Name of institution _____

Please state the **diagnosis name** causing disability. Indicate the degree of severity. _____

_____

_____

Physician's Signature _____ Date _____

Physician's Office Stamp