



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	ID 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	
7. Misrepresentation	Any person who knowingly and with intent to injure, defraud or deceive 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. Attention California Residents: For your protection, California law requires notice of the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. Attention Florida and Virginia Residents: Any person who knowingly and with intent to defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Attention Kentucky, Ohio and 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. Attention Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. Attention New York 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.		