



**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 Benefit Fund in the envelope provided.

<b>TO BE COMPLETED BY MEMBER (Please Print)</b>	
MEMBER'S NAME	SOCIAL SECURITY NO.
HOME ADDRESS	
SIGNATURE	DATE
<b>I REQUEST CONTINUATION OF COVERAGE FOR THE SON/DAUGHTER NAMED BELOW WHO IS TOTALLY DISABLED.</b>	
Dependent's Name	Date of Birth

<b>TO BE COMPLETED BY ATTENDING PHYSICIAN (Please Print)</b>	
PHYSICIAN'S NAME	TELEPHONE
ADDRESS	
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
CHECK ONE DEPENDENT IS CONFINED: AT HOME _____ IN AN INSTITUTION	NAME OF INSTITUTION
DIAGNOSIS OF CONDITION CAUSING DISABILITY (INDICATE DEGREE OF SEVERITY):	
PHYSICIAN'S SIGNATURE	DATE