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Attending Physician's Statement for Member Disability Benefits

Your patient is applying for waiver of premium on an existing life insurance contract(s) with Catholic Financial Life. Your Statement is necessary to determine the patient's eligibility for the Benefit. If there are other significant findings that are not addressed in this Statement, please include them in the Remarks section on the reverse side of this form. Return this form to the Catholic Financial Life Claim Department at the above-listed address.

The patient is responsible for the completion of this form without expense to Catholic Financial Life.

Patient's Name _____ Date of Birth _____
Certificate Number(s) _____

History

- 1. Date symptoms first appeared or accident happened. Date _____
- 2. Date patient ceased work because of disability. Date _____
- 3. Has patient ever had a same or similar condition? Yes No
If yes, explain _____
- 4. Have you every treated the patient prior to this disability? Yes No
- 5. Name, address and phone of referring physician.
Name _____ Phone _____
Street _____ City _____ State ____ Zip _____
- 6. Name, address and phone of any other treating physician.
Name _____ Phone _____
Street _____ City _____ State ____ Zip _____

Diagnosis and Condition

- 1. Diagnosis, including any complications _____
- 2. Subjective symptoms. _____

Treatment

- 1. Date of first visit. Date _____
- 2. Date of last examination. Date _____
- 3. Frequency of visits. Weekly Monthly Other (*specify*) _____
- 4. Nature of Treatment, including any current or anticipated surgeries, therapies and/or medications. _____
- 5. Other significant conditions being treated (*specify*). _____

Progress

Has patient: Recovered Improved Unchanged Retrogressed
 Has patient been hospitalized: Yes No Dates: Admitted _____ Discharged _____
 Hospital Name _____
 Street _____
 City _____ State ____ Zip _____

(Continued)

Extent of Disability *(Important to complete)*

1. Is the patient currently **totally** disabled from performing the duties of his or her **own** occupation? Yes No
If yes, when will the patient be able to resume work? *(Check one below)*
 Date _____
 Indefinite *(Check approximate no. of months before returning)* 1-3 3-6 6-12 Over 12
 Never
If no, when was patient able to resume work? Date _____
2. Is the patient currently **totally** disabled from performing the duties of any other occupation? Yes No
If yes, when will the patient be able to resume another line of work? *(Check one below)*
 Date _____
 Indefinite *(Check approximate no. of months before returning)* 1-3 3-6 6-12 Over 12
 Never
If no, when was patient able to resume another line of work? Date _____
3. Is patient a suitable candidate for a rehabilitation program? Yes No
If yes, when could it begin? Date _____

Physical Impairment **As defined in Federal Dictionary of Occupational Titles.*

- Class 1 No limitation of functional capacity, capable of heavy work*; no restrictions (0-10)
 Class 2 Medium manual activity* (15-30%)
 Class 3 Slight limitation of functional capacity; capable of light work* (35-55%)
 Class 4 Moderate limitation of functional capacity; capable for clerical, administrative, sedentary activity* (60-70%)
 Class 5 Severe limitation of functional capacity; incapable of minimal, sedentary activity* (75-100%)

Mental/Nervous Impairment, if applicable

- Class 1 Able to function under stress and engage in interpersonal relations (No limitation)
 Class 2 Able to function in most stress situations and engage in most interpersonal relations (Slight limitation)
 Class 3 Able to engage in only limited stress situations and interpersonal relations (Moderate limitation)
 Class 4 Unable to engage in stress situations and interpersonal relations (Marked limitation)
 Class 5 Has significant loss of psychological, physiological, personal and social adjustment (Severe limitation)

Cardiac, if applicable

1. Functional Capacity (American Heart Association)
 Class 1 (No limitation) Class 2 (Slight limitation) Class 3 (Marked limitation) Class 4 (Complete limitation)
2. Blood Pressure (last visit): Systolic _____ / Diastolic _____

Remarks _____

**Insurance fraud may or may not be a crime subject to civil and criminal penalties.
If you reside in a state listed below that fraud warning applies to you.
I have read the fraud warning for my current state of residence.**

Physician's Name (Print) _____ Degree _____
Street _____ City _____ WI _____ Zip _____
Phone (_____) _____ Fax (_____) _____
Physician's Signature _____ Date _____

State Fraud Warnings

Alaska: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona state law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: 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.

California: For your protection California law requires 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.

Colorado: For your protection Colorado law requires the following to appear on this form. 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.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Warning: It is a crime to provide false or misleading information to any 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 a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, 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.

Idaho: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Indiana: Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Kentucky: Any person who, knowingly and with intent to defraud any insurance company or other person, files a 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.

Louisiana: 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.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: 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 civil fines and criminal penalties.

New York: 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 \$5,000 and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: 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.

Pennsylvania: 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.

Rhode Island: 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.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: 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.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia: Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of crime and may be subject to fines and confinement in prison.
