

PART III ATTENDING PHYSICIAN'S STATEMENT (PLEASE ANSWER ALL QUESTIONS AND SIGN)

Patients Name _____

Diagnosis and Concurrent Conditions (including ICD-9 codes)

_____Surgical or Obstetrical Procedure

_____Current Medications

Frequency of Treatment

☐ Weekly
☐ Monthly☐ OtherIs condition due to injury
or sickness arising from
patient's employment?☐ Yes
☐ NoHas patient ever had same
or similar symptoms?☐ Yes
☐ No

If Yes, when

Date symptoms first appeared or accident happened

Date patient first consulted you for this condition

Is patient still under
your care for this
condition?☐ Yes
☐ NoIf condition is due to pregnancy,
give LMP and expected date
of delivery.

LMP _____

Expected Date of delivery _____

If patient hospitalized,
give name of hospital

Admission Date _____

Discharge Date _____

Is patient able to perform his/her job?

☐ Yes
☐ NoDate patient was continuously
unable to workFrom _____
To _____

Estimate date patient should be able to return to work.

Patient will be partially disabled
From: _____ To: _____**MENTAL CONDITION**Is the patient competent to endorse checks and direct the use of the proceeds thereof? ☐ Yes ☐ No**COMPLETE THIS SECTION ONLY IF DISABILITY IS DUE TO CARDIAC CONDITION****CARDIAC**

Functional Capacity (American Heart Ass'n)

☐ Class 1 (no limitation)☐ Class 2 (slight limitation)☐ Class 3 (marked limitation)☐ Class 4 (complete limitation)Blood Pressure and Dates

_____**COMPLETE THIS SECTION ONLY IF DISABILITY IS DUE TO VISUAL IMPAIRMENT****VISUAL IMPAIRMENT**What was vision at
last observation?

With Glasses

O.D.

O.S.

Snellen Notation

Month

Day

20

Without Glasses

O.D.

O.S.

Month

Day

20

Any person who knowingly and with intent to injure Reliance Standard Life Insurance Company files a statement of claim or submits any information in conjunction with a claim containing fraudulent, false, misleading, incomplete or deceptive information commits a fraudulent insurance act, which is a crime. These actions will result in the denial of the claim, and are subject to prosecution under state and/or federal law. Reliance Standard Life Insurance Company will pursue any and all appropriate legal remedies arising from such fraudulent insurance acts.

Physician's Name, Address, ZIP (Please Print or Type)

Telephone Number

() ()

Fax Number

() ()

Specialty

Physician's Signature

Date

Degree

Physician's Tax ID No.

IMPORTANT: PLEASE ATTACH ALL MEDICAL RECORDS FROM THREE (3) MONTHS PRIOR TO DATE OF DISABILITY TO PRESENT.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.