

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

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

Patient's Name \_\_\_\_\_

Diagnosis and Concurrent Conditions (including ICD-9 or ICD-10 codes) \_\_\_\_\_

Surgical or Obstetrical Procedure \_\_\_\_\_

Current Medications \_\_\_\_\_

Frequency of Treatment  Weekly  Other  
 Monthly

Is condition due to injury or sickness arising from patient's employment?  Yes  No  
Has 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  No

If 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  No  
Date patient was continuously unable to work From \_\_\_\_\_  
To \_\_\_\_\_

Estimate date patient should be able to return to work. \_\_\_\_\_  
Patient will be partially disabled From: \_\_\_\_\_ To: \_\_\_\_\_

**Physical Impairment**

- 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 function capacity; incapable of clerical or administrative (sedentary\*) activity .....(60-70%)
- Class 5 – Severe limitation of functional capacity; incapable of minimal (sedentary\*) activity .....(75-100%)

Remarks

\*As defined in the Federal Dictionary of Occupational Titles

**Psychiatric Impairment -Complete only if applicable.**

- Class 1 – Patient is able to function under stress and engage in interpersonal relations (*no limitations*).
- Class 2 – Patient is able to function in most stress situations and engage in only limited interpersonal relations (*slight limitations*).
- Class 3 – Patient is able to engage in only limited stress situations and engage in only limited interpersonal relations (*moderate limitations*).
- Class 4 – Patient is unable to engage in stress situations or engage in interpersonal relations (*marked limitations*).
- Class 5 – Patient has significant loss of psychological, physiological, personal, and social adjustments (*severe limitations*).

Remarks

Please define stress as it applies to this patient.

What stress and problems in interpersonal relations has patient had on the job?

Do you believe a legal guardian or conservator should be appointed for this problem?  Yes  No

Is the patient competent to endorse checks and direct the use of the proceeds thereof?  Yes  No

**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. \_\_\_\_\_