

SAN FRANCISCO ELECTRICAL WORKERS LONG TERM DISABILITY
720 Market Street, Suite 700, San Francisco, CA 94102
(415) 263-3670 • FAX (415) 263-3672

MEDICAL EXTENSION FORM ATTENDING PHYSICIAN'S STATEMENT

TO BE FURNISHED WITHOUT EXPENSE TO THE TRUST

PATIENT'S NAME:

SOCIAL SECURITY NUMBER:

Diagnosis:

Is Patient still under your care for this condition?

Yes No

If discharged, give date.

Date _____

Date patient may return to Work (approximately)

Date _____

Patient disabled indefinitely?

Yes No

Patient totally disabled? (See description below)

Yes No

Physician's Remarks:

DISABILITY FOR 13TH MONTH AND THEREAFTER

The following definition of Total Disability should be used as a criterion for medical evaluation and analysis of a claimant's disability for the 13th Month and thereafter:

“For the 13th month and thereafter, during the same period of disability, a claimant will be considered totally disabled if he is unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment which has lasted or can be expected to last for a continuous period of at least twelve months, or can be expected to result in death. The impairment must be so severe as to prevent the individual from engaging not only in the individual's usual work but, considering age, education, previous training and work experience, the individual is unable to engage in any other kind of substantial gainful work which exists in significant numbers in the region in which the individual lives.”

Date

Physician's Signature

Street Address

City or Town

Phone Number