Lincoln Financial Group®

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ATTENDING PHYSICIAN'S STATEMENT - DISABILITY
(PLEASE see FRAUD NOTICES attached)

(To Avoid Delay Please Answer ALL Questions)
(This form is to be completed without expense to the Company and returned by _____)

Claim No:_____ Policy No:_____

Name of Patient Date of Birth

When did symptoms first appear or accident happen?

Has patient ever had same or similar condition?
☐ Yes ☐ No If yes, state when and describe.

(a) Diagnosis (including ICD Code(s))

(b) Subjective Findings

(c) Objective Findings (including x-rays, EKG's, laboratory data and any clinical findings)

(a) Date of First visit (b) Date of Last visit (c) Frequency of visits

☐ Weekly
☐ Monthly
☐ Other (specify)

(d) Nature of treatment (including surgery, and medications prescribed)

(a) Physical Impairments (*As defined in Federal Dictionary of Occupational Titles)

☐ Class 1 - No limitations of functional capacity; capable of heavy work* No restrictions. (0-10%)
☐ Class 2 - Medium manual activity* (15-30%)
☐ Class 3 - Moderate limitation of functional capacity; capable of clerical/administrative (sedentary*) activity (60-70%)
☐ Class 4 - Severe limitation of functional capacity; incapable of minimum (sedentary*) activity (74-100%)

Remarks:

(b) Mental Impairments (if applicable)

(a) Please define "stress" as it applies to this claimant.
(b) What stress and problems in interpersonal relations has claimant had on job?

☐ Class 1 - Patient is able to function under stress and engage in most interpersonal relations (no limitations)
☐ Class 2 - Patient is able to function in most stress situations and engage in most interpersonal relationships (slight limitations)
☐ Class 3 - Patient is able to engage in only limited stress situations and engage in only limited interpersonal relationships (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, person and social adjustment (severe limitations)

Remarks:

(c) Functional Capacity (American Heart Association)
☐ Class 1(No limitation) ☐ Class 2 (Slight limitation)
☐ Class 3 (Marked limitation) ☐ Class 4 (Complete limitation)

(d) Blood Pressure (last visit)_____
systolic/diastolic

(a) Has patient ☐ Recovered? ☐ Improved? ☐ Unchanged? ☐ Retrogressed?

(b) Has patient been hospital confined? ☐ Yes ☐ No
If Yes, give Name and Address of Hospital

Confined from _____ to _____

(c) Is patient ☐ Ambulatory? ☐ House Confined? ☐ Bed Confined? ☐ Hospital Confined?

(a) Is patient now totally disabled?
Patient's Job ☐ Yes ☐ No
Any other work ☐ Yes ☐ No

(b) Date you are medically certifying patient unable to work.

(c) When do you expect a fundamental or marked change in the future?
☐ 1 Month ☐ 1-3 Months ☐ 3-6 Months ☐ Never
Applies to: ☐ Patient's Job ☐ Other Work

Has your patient had loss of cognitive functioning? "Cognitive impairment" means a permanent deterioration or loss of cognitive or intellectual capacity and requires another person's hands-on help or verbal cues to prevent harm to self or others due to impairment.
☐ Yes ☐ No If "yes", please explain and provide supporting medical documentation and testing:

Based on your observations of this patient, medical history and condition, has your patient lost the ability to safely and completely perform Activities of Daily Living (ADLs) without another person's active hands-on help with all or most of the activity:

ADL	Date on which assistance was first required and received	
☐ Bathing	_____	(washing self in tub, shower or by sponge bath, with or w/o equipment)
☐ Dressing	_____	(putting on, taking off garments, braces or any artificial limbs normally worn)
☐ Toileting	_____	(getting to, from, on and off toilet; and performing related personal hygiene)
☐ Transferring	_____	(moving in & out of bed, chair or any wheelchair, with or w/o equipment)
☐ Continence	_____	(voluntarily maintaining control of bladder and bowel function)
☐ Eating	_____	(getting nourishment into one's body by any means (table/tray or special equipment)

If the claimant has lost the ability to perform ADLs listed above, please provide any supporting medical documentation and testing.

If the patient has lost the ability to perform any ADLs listed above, do you expect the limitations to be permanent?
☐ Yes ☐ No If "no", please explain when improvement may be expected:

(a) Is patient a suitable candidate for occupational rehabilitation?

(b) Can present job be modified to allow for handling with impairment? ☐ Yes ☐ No

(c) When could patient return to work? _____
Patient's Job ☐ Full-time ☐ Part-time
Any other Work ☐ Full-time ☐ Part-time

Restrictions and Limitations

The above Statements are true and complete to the best of my knowledge and belief. I have read and understand the attached Fraud Warning Statements.

Name **(Attending Physician)** Print Degree Telephone Number

Street Address City or Town State Zip Code

Signature **(By Physician)** Date

FRAUD NOTICES. For your protection, certain states require that the following notices appear on this form.

Alabama. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska. A 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 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, Louisiana, Rhode Island and West Virginia. 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. 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. It is a crime to provide false or misleading information to an 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 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 defraud or deceive any insurance company, files a statement or claim containing any false, incomplete or misleading information is guilty of a felony.

Indiana. A 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.

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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and 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 subject to a civil penalty not to exceed five thousand dollars 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: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

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.

Puerto Rico. Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee, Virginia, and Washington. 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.

FOR ALL OTHER STATES EXCLUDING CONNECTICUT AND KANSAS. A person may be committing insurance fraud, if he or she submits an application or claim containing a false or deceptive statement with intent to defraud (or knowing that he or she is helping to defraud) an insurance company.