



Attending Physician's Statement for Waiver of Premium

Send to: Group Life Claims, P.O. Box 14334, Lexington, KY 40512

Customer Service: (800) 525-4542, Fax: (610) 807-8266

Documents can be returned electronically at www.GuardianAnytime.com. Click on "Secure Channel" on the Guardian Anytime home page.

EMPLOYEE SECTION

1. Employee Name				2. DOB		3. Plan Number	
				/ /			
4. Address		City		State		Zip	
6. Employer Name/Occupation				5. Phone Number			
				() /			
				7. Claim Number (if known)			

AUTHORIZATION

8. I authorize any physician, medical practitioner, hospital, clinic, other health facility, consumer reporting agency, the Social Security Administration, the Medical Information Bureau, insurance or reinsurance company, or employer to release any and all medical and non-medical information in its possession about me to The Guardian Life Insurance Company of America or its legal representatives. Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me. I understand that Guardian will use the information obtained by this authorization to determine eligibility for insurance or eligibility for benefits under an existing plan. Guardian will not release any information obtained to any person or organization except to reinsurance companies, the Medical Information Bureau, or other persons or organizations performing business or legal services in connection with my application, claim, or as may be lawfully required or permitted, or as I may further authorize. I know that I may request and receive a copy of this authorization. I agree that a photocopy of this authorization shall be as valid as the original. I have the right to cancel this authorization in writing at any time. I agree that this authorization shall be valid for the duration of my claim.

"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. In New York the person shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

Signature _____ Date ____/____/____

PHYSICIAN SECTION

Your patient is responsible for the cost of completing this form

Objective findings which substantiate or contribute to the patient's disability. Please attach pertinent medical records including, but not limited to, office visit notes, diagnostic test results, discharge summaries, operative reports, consultation reports and mental status exam (if applicable). This will help to expedite the claim processing and reduce additional requests and follow up.

1. Primary diagnosis:		ICD-10 code:
2. Secondary diagnosis(es):		ICD-10 code(s):
3. Subjective Symptoms:		

CONDITION HISTORY

4. Patient's symptoms are the result of (check all that apply):		
☐ Employment	☐ Pregnancy	☐ Other Accident
☐ Illness	☐ Motor Vehicle Accident	☐ Other _____
5. Date symptoms first appeared or accident occurred: ____/____/____	6. Date you feel this patient was first unable to work: ____/____/____	7. Date of first visit for this condition: ____/____/____
8. Frequency of treatment: ☐ Weekly ☐ Monthly ☐ Other _____	9. Date of most recent visit/treatment for this condition: ____/____/____	10. Date of last comprehensive examination: ____/____/____
11. Has this patient ever had a similar or related condition? ☐ Yes ☐ No If "Yes", when ____/____/____ Explain _____		
12. Was this patient referred to you by another physician? ☐ Yes ☐ No If "Yes", please supply physician's complete name and address: _____		
13. Did you refer this patient to another physician for treatment of this or a related condition? ☐ Yes ☐ No If "Yes", please supply the physician's complete name and address: _____		

14. Please supply complete names and addresses of any other treating physicians or hospitals:				Treatment:			
Name	City	State	ZIP	From	To		
_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

TREATMENT

15. Describe this patient's treatment program (including any surgeries, medications or therapies):

Medications:

Therapies:

Counseling:

Vocational rehabilitation:

PROGRESS

16. Patient has ☐ Recovered ☐ Not Changed ☐ Improved ☐ Retrogressed

17. Patient is ☐ Ambulatory ☐ House Confined ☐ Other ☐ Bed Confined ☐ Hospital Confined

18. What is the anticipated prognosis for medical stability? ___/___/___

LIMITATIONS

19. Is the patient capable of any part-time sedentary/light work in either their usual work environment, on in one that is less physically/mentally challenging? ☐ Yes ☐ No If "Yes", provide the date the patient was capable ___/___/___

20. Is the patient capable of any full-time sedentary/light work in either their usual work environment, on in one that is less physically/mentally challenging? ☐ Yes ☐ No If "Yes", provide the date the patient was capable ___/___/___

21. If your response was "no" to questions 19 or 20, please indicate what impairment, loss of function, or restriction prevents them from performing any part-time/full-time sedentary work activity:

22. If not yet released to return to work, when do you anticipate a release? ___/___/___ ☐ Part Time ☐ Full Time ☐ Never

23. Degree of physical impairment:

In an 8-hour work day your patient can:

Lift/carry (in pounds): ☐ 1-10 ☐ 11-20 ☐ 21-50 ☐ 51-75 ☐ 76+

Push/pull (in pounds): ☐ 1-10 ☐ 11-20 ☐ 21-50 ☐ 51-75 ☐ 76+

Total hours with positional changes:

Sit 8 7 6 5 4 3 2 1 (hrs)

Stand 8 7 6 5 4 3 2 1 (hrs)

Walk 8 7 6 5 4 3 2 1 (hrs)

Bend/stoop: ☐ Never ☐ Occasionally ☐ Frequently ☐ Constantly

Reach out: ☐ Never ☐ Occasionally ☐ Frequently ☐ Constantly

Reach above: ☐ Never ☐ Occasionally ☐ Frequently ☐ Constantly

Drive: ☐ Never ☐ Occasionally ☐ Frequently ☐ Constantly

Dominant Hand: ☐ Right ☐ Left

Other restrictions:

Duration of restrictions:

24. Degree of Cardiac Functional Impairment (check one):

☐ Class 1 (No Limitation) ☐ Class 2 (Slight Limitation) ☐ Class 3 (Marked Limitation) ☐ Class 4 (Complete Limitation)

Please supply patient's: Height ___ Weight ___ Blood Pressure ___/___/___ EF ___% Date ___/___/___

25. Degree of psychiatric impairment (check one if applicable):

☐ Inadequate information to make assessment.

☐ Essentially good functioning in all areas. Occupationally and socially effective.

☐ Slight difficulty in occupational functioning, but generally functioning well. Has some meaningful interpersonal relationships.

☐ Moderate impairment in occupational functioning. Limited in performing some occupational duties.

☐ Major impairment in several areas – work, family relations. Avoidant behavior, neglects family, is unable to work.

☐ Inability to function in most areas.

Current GAF (Global Assessment of Functioning): ___ Highest GAF in past year: ___

Have any recent psychological assessments/testing been done? ☐ Yes ☐ No If YES, please provide supporting documentation.

Remarks:

26. Do you believe that this patient is competent? ☐ Yes ☐ No

PHYSICIAN INFORMATION

27. Physician's Name

28. Degree

29. Specialty

30. Address

City

State

Zip

31. Telephone

()

32. Fax

()

33. Tax ID

Signature

Date ___/___/___

Fraud Warning Statements

The laws of several states require the following statements to appear on the claim form:

Alabama: For your protection California law requires the following to appear on this form: The falsity of any statement in the application shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

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.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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.

Connecticut, Iowa, Nebraska and Oregon: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

Delaware, Indiana and Oklahoma: WARNING: Any person who knowingly, and with the 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.

District of Columbia: WARNING: 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 an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud as determined by a court of law.

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 and Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment or 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 or denial of insurance benefits.

Maine, Tennessee 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 may include imprisonment, fines or a denial of insurance benefit.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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 N.H. Rev. Stat. Ann. § 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.

Ohio: Any person who with intent to defraud or knowing that he/she 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.

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 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.

Vermont: It is a crime for any person knowingly to provide material false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company, for any person knowingly to provide material false, incomplete, or misleading information concerning the sale of insurance or the status of an insurer, or for any person to misappropriate the funds of an insured or an applicant for insurance. Penalties include imprisonment, fines, and denial of insurance benefits.

Virginia: Any person who, with the 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 may have violated state law.

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