



## Attending Physician Statement

This statement to be furnished without expense to the Company.

### Total Disability Benefits

1- Full name of Insured	2- Where is Insured now located? (If an inmate of a hospital or other institution give name and address)		
3- How long have you been insured's medical advisor?	4- When did Insured's health first become affected?		
5- Give Symptoms, Diagnosis and Prognosis of Disability.			
6- (a) Is Insured wholly disabled and prevented from engaging in any business or occupations whatsoever?	6- (b) If he is, from what date, to your knowledge, has he been so prevented? <div style="text-align: right;">(Month) (Day) (Year)</div>		
7- (a) Date of your first visit or prescription in present affliction? <div style="text-align: right;">(Month) (Day) (Year)</div>	7- (b) Date of your last visit or prescription in present affliction? <div style="text-align: right;">(Month) (Day) (Year)</div>		
9- When, in your opinion, may Insured be expected to do any Kind of work? <div style="text-align: right;">(Month) (Day) (Year)</div>	8- Is Insured now confined to his bed or house? State Which ..... and from what date? <div style="text-align: right;">(Month) (Day) (Year)</div>		
10- Have you or any other physician or practitioner attended or treated Insured for any cause whatsoever prior to present affliction?			
a- Name of disease or injuries?	b- Dates of attendance? From                      To	c- Name of physician or practitioner	d- Address
11- Has Insured ever received treatment for spceifie disease? If so, give particulars.			
12- Has any member of Insured's family or any person in his immediate household ever been afflicated similarly? If so, Who?			
Additional Remarks:		If heart is involved, what laboratory tests have been made? Pulse ..... Irregular ..... Blood Pressure    S ..... D .....	

Signature of Witness

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Residence (No.) (Street) (City) (State)

\_\_\_\_\_  
Dated (Month) (Day) (Year)

Signature of Physician

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Residence (No.) (Street) (City) (State)

\_\_\_\_\_  
Dated (Month) (Day) (Year)