

# *Disability Claim*



**CIGNA Group Insurance**  
Life • Accident • Disability

Life Insurance Company of North America  
Connecticut General Life Insurance Company  
CIGNA Life Insurance Company of New York

GB-608066 (04/2004)



**4. PHYSICAL LIMITATIONS / IF APPLICABLE:** In an 8 hour day is your patient able to:

	0 hours	up to 2.5 hours	up to 5.5 hours	greater than 5.5 hours	
<b>Climb</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Cardiac - If applicable (American Heart Association)</b> <input type="checkbox"/> Class 1 - No Limitation <input type="checkbox"/> Class 2 - Slight Limitation <input type="checkbox"/> Class 3 - Marked Limitation <input type="checkbox"/> Class 4 - Complete Limitation  Blood Pressure (last visit) _____
<b>Balance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Stoop</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Kneel</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Crouch</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Crawl</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Reach</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Walk</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sit</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Stand</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate the maximum level of ability (sedentary, light, medium, heavy) of your patient to:

\_\_\_\_\_ Lift \_\_\_\_\_ Carry \_\_\_\_\_ Push \_\_\_\_\_ Pull

**Sedentary** = 10 lbs. maximum, walking occasionally. **Light** = 20 lbs. maximum, 10 lbs. frequently

**Medium** = 50 lbs. maximum, 25 lbs. frequently, up to 10 lbs. constantly. **Heavy** - 100 lbs. maximum, 50 lbs. frequently, 20 lbs. constantly.

**5. MENTAL IMPAIRMENT / IF APPLICABLE:** Please complete the following (incomplete information will delay claim processing):

Axis I: \_\_\_\_\_

\_\_\_\_\_

II: \_\_\_\_\_

III: \_\_\_\_\_

IV: \_\_\_\_\_

V: Current GAF: \_\_\_\_\_ Highest GAF in past year: \_\_\_\_\_

Additional Comments:

**6. EXTENT OF DISABILITY**

	Patient's Regular Occupation	Any Occupation
When was patient able to go to work?	Month Day Year	Month Day Year

**7. REHABILITATION**

(a) Is patient a suitable candidate for further PHYSICAL / PSYCHOLOGICAL rehabilitation services?  Yes  No

If no, explain: \_\_\_\_\_

(b) Can present job be modified to allow for handling with impairment?

(c) Is patient a suitable candidate for **VOCATIONAL** rehabilitation services?

If no, when: \_\_\_\_\_

**8. REMARKS**

DATE	PRINT NAME (ATTENDING PHYSICIAN)	SIGNATURE	DEGREE
TELEPHONE NUMBER		PROVIDER TAX ID NUMBER	
STREET ADDRESS			
CITY OR TOWN		STATE (OR PROVINCE)	ZIP CODE

## IMPORTANT CLAIM NOTICE

**California Residents:** 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 Residents:** 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 settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Residents:** 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 Residents:** 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.

**Kentucky Residents:** 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.

**Maryland Residents:** 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 fact material thereto, may be committing a fraudulent insurance act.

**Minnesota Residents:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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 York Residents:** 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 shall also be subject to a civil penalty not to exceed \$5000 and the stated value of the claim for each such violation.

**Oregon Residents:** 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 Residents:** 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.

**Tennessee Residents:** 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 Residents:** 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.

**Virginia Residents:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement may have violated state law.