STATEMENT OF DEPENDENT ELIGIBILITY BEYOND LIMITING AGE IN PLAN DUE TO MENTAL RETARDATION OR MENTAL OR PHYSICAL HANDICAP



EMPLOYEE'S STATEMENT	0	ANSWER ALL QUES	
Name (Print) First Middle Last	Social Security Number	NFORMATION WILL CA Date of birth	
Name (Print) Pilst Middle Last	/ /	Date of birth	□Male □Female
Present Street City State Zip Code	Marital □Single □Widowed	Phone (with area	code)
Address:	Status: □Married □Divorced	()	
Dependent Information			
Name (Print) First Middle Last	Social Security Number	Date of birth	□Male
Dragant Street City State Zin Code	/ /	Deletienship to F	Female
Present Street City State Zip Code Address:	Marital □Single Relationship to Employee Status: □Married		
7 dal ess.	Status. Dividified		
Name and address of dependent's current employer			
If not now employed, give Estimated income of	Percentage of support of	Is dependent per	manently
date last employed dependent from all sources	dependent supplied by	residing in employer's	
\$ monthly	mployee household?		
	% □Yes □No If No, Explain		
Is dependent listed as a dependent in your last Federal Personal P	onal Income Tax Return?	□Yes □No If No.	, Explain
Explanations			* *
I KNOW IT IS A CRIME TO FILL OUT THIS FORM	WITH FACTS I KNOW ARE FALSE	OR TO Date	9
LEAVE OUT FACTS I KNOW ARE IMPORTANT.			
Signed (Employee)			
PHYSICIAN'S/SURGEON'S STATEMENT ANY FEE FOR THE COMPLETION OF THIS STATEMENT TO BE PAID BY THE EMPLOYEE.			
Patient's Name First Middle	LL QUESTIONS BELOW. OMITTED INFOI Last	RMATION WILL CAUSE Patient's Date of	
Patient's Name First Middle	Last	Patient's Date of	DITUI
Is this dependent presently incapable of self-sustaining empl	oyment by reason of:	Date dependent	became
Mental Retardation? Physical Handicap? Mental Handicap? Other (explain) incapable		incapable of self-	sustaining
□Yes □No □Yes □No □Yes □No employment			
Diagnosis of condition causing incapacity. If mental retardation is present, give degree of retardation. Give as much detail as possible. Please give date and report of surgery, X-rays, electrocardiograms, or other special tests. Use a separate sheet of			
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