MEDICAL REPORT for the CalPERS DISABLED DEPENDENT BENEFIT

COMPLETE ALL ITEMS. INCOMPLETE FORMS WILL BE RETURNED CAUSING DELAY IN BENEFITS .

MEMBER PART A: The member is to complete the information in Part A:

IVIEI	WIDER PART A. THE MEMBER IS to complete the information	III Fait A.				
	MEMBER INFORMATION	DEPENDENT INFORMATION				
NAN	ΛE:	NAME:				
soc	CIAL SECURITY NUMBER (SSN):	SOCIAL SECURITY NUMBER (SSN):				
	DRESS:	ADDRESS: original. I understand that if I do not sign this authorization, or if I eligibility as a disabled dependent and that my request may be de information which is provided pursuant to this authorization, and t benefit.				
	5,0\$5< 3+21(180:%(5					
	Signature of Dependent OR	Date Signed				
	Person authorized to act on his/her behalf	Relationship to the dependent				
	SICIAN PART C: The physician is to complete all requeste completed form to CalPERS at the address found at the top	ed information in PARTS C and D. All responses must be legible. Mail of this page.				
	Please DO NOT send information copied direct	ly from the patient's medical record at this time.				
The insu	rance as a disabled dependent under his or her parent's or gwill help the patient expedite the claims process.	It will assist CalPERS in processing his or her claim for health guardian's health plan. By providing the medical information promptly,				
	Med	lical Report				
1.	I attended the patient for the current disabling medical prob at intervals of . I la	lem or condition from to ; ast examined the patient on .				
2.	Medical History (related to disability): Date of Disability Ons	set:				
3.	ICD-9 Disease Code, Primary (Required):					
4.	Objective Clinical Findings/Detailed Statement of Symptom	s: (see page 2, Items 6 and 7 for additional findings)				
5.	Current Treatment(s) and /or Medication(s) (rendered to the	e patient for this disability):				
	☐ The patient is not currently receiving treatment(s) and/or	medications for this disability. (Check if applicable.)				

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Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (section 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' rst request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identi cation purposes, we may be unable to verify eligibility for bene ts without the number.

Social Security numbers are used for the following purposes:

- 1. Enrollee identi cation
- 2. Payroll deduction/state contributions
- Billing of contracting agencies for employee/ employer contributions
- 4.