

# Newport-Mesa Unified School District Cigna Handicapped/Disabled Dependent Attestation Form

I, \_\_\_\_\_, certify that my below referenced dependent is unmarried, and primarily supported by me and incapable of self-sustaining employment by reason of mental or physical disability.

To be completed by the Subscriber:

Subscriber Name:	Subscriber SSN:		
	Subscriber EID:		
Dependent Name:	Dependent SSN:		
Subscriber's Street Address:	City:	State:	Zip:
Subscriber Signature:	Date Signed:		

To be completed by Attending Physician:

An unmarried dependent child who is incapable of self-support due to continuously disabling illness or injury may be continued as a family member on the parents Cigna contract. Your medical statement will help us determine the eligibility of this dependent.

What is the patient's diagnosis?	
Please describe below any limitations your dependent has in performing daily living & social activities:	
What is your prognosis including estimates of length of time this disability may be expected to continue?	
Name & Address of Physician:	
Physician's Signature:	Date Signed: