

Employee and Patient Details

Employee Name: _____

Patient Name: _____

Patient's Relationship to the Employee: _____

Catastrophic Illness: As defined by the IRS, "Catastrophic Illness" means that the employee and/or the employee's family member experiences a qualifying event. The qualifying event must meet one or more of the following:

- Poses a threat to life; **AND/OR**
- Is a progressive debilitating illness from which recovery is prolonged or unlikely, or which involves medical incapacity for an extended period of time; and/or requires extended inpatient or hospice health care.

Does the patient have a Catastrophic Illness as defined above? Yes No

Date of onset of Catastrophic Illness: _____

Physician Details and Certification

Physician Name (please print): _____

Physician Address: _____

Physician Phone Number: _____

Physician Signature: _____

Date: _____

Note: Physician Certification does not automatically grant program eligibility.