

## GROUP LIFE BENEFITS CERTIFICATE OF ATTENDING PHYSICIAN DISMEMBERMENT OR LOSS

Pa	tient'	s Name:				
Pa	tient'	s Address:				
Gro	oup F	Policy Number:				
1.	(a)	When did the accident happen?	Month	Day	Year	
	(b)	Briefly describe details of the accident				
		_				
2.	(a)	Date of first attendance for present injury.	Month	Day	Year	
	(b)	Date of most recent treatment.	Month	Day	Year	
—	SME	MBERMENT				
		If the accident caused the loss of hand, food diagram below.	t, leg, arm, fing	ers, toes, please indicate	the specific joint level of the amputation on	the
		☐ Hand ☐ Foot ☐ Leg ☐ Arn	n 🗌 Finger	s 🗌 Toes		
	(b)	Date of amputation.	Month	Day	Year	
	(c)	Please include surgery report and hospital	admittance and	l discharge summary.		
	(b)			RIGHT FOOT		
		LEFT HAND RIGHT	HAND			
	(	OT B				
		INDICATE WHETHER RIGHT OR	LEFT &			3

4. (a) If the accident caused		loss of sight, hearing or	speech, please indicate	which:					
☐ Sight ☐ Hearii			_						
(b) Date on which loss of				Year					
(c) Is there any possibilit	y of improvement to the i	njured area?	∐ No						
LOSS OF VISION									
(a) If known to you, pleas	se advise the vision in ea	ch eye prior to the acci	dent.						
(b) What is the best corre	ected vision in the affecte	ed eye(s), if any?							
(c) Please include visual	(c) Please include visual acuity results and Opthalmologist report.								
LOSS OF HEARING									
(a) Is there any indication	n that hearing was abnor	mal prior to accident?							
(b) Level of hearing at da	ate of loss.								
(c) Please include Audio	logist report and hearing	test.							
LOSS OF SPEECH									
(a) If known to you pleas	(a) If known to you please advise if the insured was able to speak intelligibly prior to accident.								
(b) Is insured's speech ir	ntelligible at the present ti	ime?							
(c) Please include Speed	ch Therapy assessment.								
LOSS OF USE									
5. (a) If the accident caused	d loss of use of leg, arm,	or hand, please advise	which.						
☐ Leg ☐ Arm	☐ Leg ☐ Arm ☐ Hand								
(b) Is there any indication that the injured limb was unable to function normally prior to accident? $\ \Box$ Yes $\ \Box$ No									
(c) Please indicate what									
(d) Is there any possibilit	y of improvement to the i	njured area?	□ No						
				), Range of Motion test results and ic exam (paraplegia / quadriplegia).					
6. (a) Was the injury descri	bed solely responsible fo	r the loss?	□ No						
(b) If not, give particulars	of any contributing caus	e or causes.							
Print Name	Spe	ecialty	Telephone	Number:					
				M.D.					
Street		City	Province	Postal Code					