

Administrative Office
P.O. Box 19015
Greenville, SC 29602-9015

Phone: 1-844-975-7522 (1-844-WRKPLACE)
Fax: 1-877-888-2677
Online: www.MassMutualAtWork.com

A Patient's Information ::

Name (Please Print): _____

Address: _____

Street City State Zip Code

Date of Birth: _____

B Certification by a Qualified Medical Practitioner ::::::::::::::::::::::::::::::

The Insured and/or their Personal Representative is responsible for any fee associated with the completion of this form. Capitalized terms are defined in Part D below.

1. Are you a "Qualified Medical Practitioner" meaning, a licensed medical practitioner, other than the Patient, the certificate owner _____, or the Patients' household or family member? ☐ Yes ☐ No
2. Is Patient Chronically Ill, meaning permanently unable to perform without Substantial Assistance:
 - a. At least two (2) Activities of Daily Living due to loss of functional capacity; or
 - b. Requires Substantial Supervision to protect the Patient from threats to health or safety due to permanent Severe Cognitive Impairment.☐ Yes ☐ No
3. Indicate the basis for the certification of Chronic Illness:
☐ Indicate the two Activities of Daily Living that the Patient is permanently unable to perform without Substantial Assistance, meaning Hands-On Assistance or Stand-By Assistance, due to loss of functional capacity:

<input type="checkbox"/> Bathing	<input type="checkbox"/> Eating
<input type="checkbox"/> Continence	<input type="checkbox"/> Toileting
<input type="checkbox"/> Dressing	<input type="checkbox"/> Transferring

☐ Severe Cognitive Impairment requiring Substantial Supervision, meaning the continual supervision by another person to protect a person with a Severe Cognitive Impairment or others from threats to health or safety (such as may result from wandering). Such supervision may include cueing by verbal prompting, gestures or other similar demonstrations.
4. Does the patient have the capacity to endorse checks and direct the use of the proceeds unassisted?
☐ Yes ☐ No
5. If No, on what date did your patient no longer have this capacity? _____
6. Does your patient retain the decision-making capacity to understand the nature and consequences of assigning power of attorney? ☐ Yes ☐ No
7. If No, on what date did your patient no longer have this capacity? _____
8. Diagnosis related to Chronic Illness _____ Date of Diagnosis: _____
9. Date this diagnosis became permanent: _____

Administrative Office
P.O. Box 19015
Greenville, SC 29602-9015

Phone: 1-844-975-7522 (1-844-WRKPLACE)
Fax: 1-877-888-2677
Online: www.MassMutualAtWork.com

C Signature ::

I certify that the above information is complete and accurate to the best of my knowledge. It is my opinion that the patient has a Chronic Illness.

Qualified Medical Practitioner's Name (Please print): _____

Qualified Medical Practitioner's Degree: _____ Specialty: _____

Address: _____ ()
 Street City State Zip Code Telephone No.

Qualified Medical Practitioner's Signature: _____ Date:

m	m	/	d	d	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

D Definitions

Activities of Daily Living are:

- Bathing: the washing of oneself by sponge bath, or in either a tub or shower, including the task of getting in or out of the tub or shower.
- Continence: the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
- Dressing: putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- Eating: feeding oneself by getting food to the body from a receptacle (such as a plate, cup or table) or being fed by a feeding tube or intravenously.
- Toileting: getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- Transferring: moving into or out of a bed, chair, or wheelchair.

Hands-On Assistance is the physical assistance of another person without which the Insured would be unable to perform an Activity of Daily Living.

Qualified Medical Practitioner is any licensed medical practitioner, other than the Insured, the Certificate Owner, or an Insured's household or family member.

Severe Cognitive Impairment is the deterioration or loss of intellectual capacity that is comparable to, and includes, Alzheimer's disease and similar forms of irreversible dementia, resulting in a deficiency in the Insured's:

- Short or long term memory;
- Orientation as to person (such as the person's identity), place (such as the person's location) and time (such as day, date and year);
- Deductive or abstract reasoning; or
- Judgment as it relates to safety awareness.

which requires Substantial Supervision.

Administrative Office
P.O. Box 19015
Greenville, SC 29602-9015

Phone: 1-844-975-7522 (1-844-WRKPLACE)
Fax: 1-877-888-2677
Online: www.MassMutualAtWork.com

Stand-By Assistance is the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while the Insured is performing the Activities of Daily Living.

Substantial Assistance is Hands-On Assistance or Stand-By Assistance.

Substantial Supervision is the continual supervision by another person to protect a person with a Severe Cognitive Impairment or others from threats to health or safety (such as may result from wandering). Such supervision may include cueing by verbal prompting, gestures or other similar demonstrations.