Asuris Northwest Health
528 East Spokane Falls Boulevard
Suite 301
Spokane, WA 99202

Please return the completed form.
By Mail: PO Box 1200
Portland, OR 97207-1200
By Fax: 1 (866) 303-5117

Affidavit of Qualifying Incapacitated Dependent Eligibility

SECTION 1 - STATEMENT OF DEPENDENT'S ELIGIBILITY (to be completed by the Employee)

Employee's Name | ID Number

Employee's Address | City | State | ZIP Code | Group Number

Dependent's Name | Dependent's Birthdate

Dependent's Relationship to Employee

Dependent's Address (if not residing with Employee) | City | State | ZIP Code

Please explain why dependent does not reside with employee.

Is dependent currently employed? ☐ Yes ☐ No

Date Employment Began ____________

Position Held ____________

Average Hours Worked Per Week ____________

Dependent's Current Employer's Name

Current Employer's Address | City | State | ZIP Code

Was dependent previously employed? ☐ Yes ☐ No

Dates of Employment ____________ to ____________

Position Held ____________

Average Hours Worked Per Week ____________

Dependent's Previous Employer's Name

Dependent's Previous Employer's Address | City | State | ZIP Code

Does dependent have other health insurance coverage? ☐ Yes ☐ No
If yes, please provide the name of the carrier, Employee name, policy number and carrier's phone number:

Is the dependent eligible for or have Medicare coverage? ☐ Yes ☐ No
If yes, please provide the type of coverage, effective date and the Medicare Number (please include the alpha prefix):

Has the dependent been declared disabled by the Social Security Administration? ☐ Yes ☐ No

If yes, what is the date of acceptance? ____________ (please attach a copy of the SSI acceptance letter)

What is the dependent's estimated
gross monthly income from all sources $ ____________

I certify that ____________, meets the following criteria:
Name of incapacitated dependent (please print)

1) Has been continuously covered by health insurance as my dependent with no break in coverage of more than 63 days;
2) Is incapable of self-sustaining employment due to incapacitation related to developmental disability, medical disability, and/or mental disorder; and
3) For a child over age 26, is significantly dependent upon Employee (and/or Employee's spouse) for support and maintenance.

____________ **Signature of Employee** ____________ **Date**

SECTION 2 - STATEMENT OF INCAPACITATION (to be completed by the dependent's attending physician*)

Provider's Name				Provider's Telephone Number ( )
Provider's Address	City	State	ZIP Code	Provider's Tax ID Number
Patient's Name				Patient's Birthdate

Date patient was last examined by attending physician	Nature of condition causing incapacity: ☐ Developmental Disability ☐ Medical Disability ☐ Mental Disorder ☐ Other (please explain) ______
Incapacitation is: ☐ Complete ☐ Partial ______ % incapacitated	Incapacitation is: ☐ Temporary (estimated duration is) ______ ☐ Permanent At what age did patient become incapacitated? ______

Diagnosis of Condition Causing Incapacity: *(Give as much detail as possible. Please give dates of surgery, forward laboratory data and results of special tests, such as x-rays, EKG's, EEG's, etc. If mental retardation is present, give severity of retardation and IQ test score. Attach additional pages as necessary.)*

Diagnosis ______

Comments to Support Incapacity ______

Is patient or will patient be capable of self-support? ☐ Yes ☐ No

If yes, from ______

Is patient able to perform full or part-time work of any kind? ☐ Yes ☐ No

Has patient previously been able to perform full or part-time work of any kind? ☐ Yes ☐ No

Does patient have a job? ☐ Yes ☐ No ☐ Unknown

Do you know what duties the patient's job requires? ☐ Yes ☐ No
If yes, please explain:

______ Attending Physician's Name (please print)

______ Attending Physician's Credentials

______ **Signature of Attending Physician**

______ **Date**

***The attending physician's statements regarding incapacitation are necessary and important for Asuris Northwest Health's incapacitation determination; however Asuris Northwest Health is not bound by the physician's conclusion.**