Assurity® Life Insurance Company
Post Office Box 82533, Lincoln, NE 68501-2533
800-869-0355, Ext. 4484 | FAX 800-869-0368

Disability Claim Form
ATTENDING PHYSICIAN'S STATEMENT

This form should be completed by all physicians who were treating the claimant during the time of disability. The patient is responsible for the completion of this form without expense to Assurity Life. Please print or type. If necessary add a separate sheet. Direct any questions to our claims department at the phone numbers shown above.

A. General Information

Patient's Name *(First , Middle, Last)*	Policy No.	Date of Birth *(MM/DD/YYYY)*
Jane E. Smith		05 / 20 / 1985

Primary Diagnosis including ICD 9 or DSM Code
Severe Bilateral Carpal Tunnel Syndrome (G56.03)

B. Complete this section for all conditions

Symptoms
Patient is unable to perform fine motor tasks, including typing, writing, or gripping with the right hand. Experiences limitations w

Objective Findings
Patient has a diagnosis of Severe Bilateral Carpal Tunnel Syndrome (G56.03) and underwent a Right Carpal Tunnel Release (

Are there secondary conditions contributing to the patient's inability to work? ☐ Yes ☑ No If YES, what are they?

When did symptoms first appear?	Date of patient's first visit *(MM/DD/YYYY)*	Date of the patient's last visit *(MM/DD/YYYY)*
10/10/2025	01/15/2026	04/05/2026

How often do you treat/consult the patient?	Date you believe the patient was first unable to work *(MM/DD/YYYY)*
	03/09/2026

Was patient referred to you? *Referring physician's name* *Street address* *City* *State* *Zip+4*
☐ Yes ☐ No

Is the patient's condition work related? ☐ Yes ☐ No If YES, please explain:

Has the patient undergone surgery? ☑ Yes ☐ No If YES, please give date, procedure and result:
Date: 03/10/2026, Procedure: Right Carpal Tunnel Release, Result: Patient is unable to perform fine motor tasks, including typ

If no, do you expect surgery to be performed in the future? ☐ Yes ☐ No If YES, please give date and type of surgery:

What medications is the patient currently taking? *(Please list frequency and dosages.)*

Please indicate other types and frequencies of treatment:
Right Carpal Tunnel Release surgery performed on 03/10/2026.

Has the patient been referred to a medical rehabilitation or therapy program? ☐ Yes ☑ No If YES, please give details:

Have you referred the patient for other types of consultations? ☐ Yes ☑ No If YES, please give details:

Has the patient been hospital confined? ☐ Yes ☑ No If YES, complete the following:

Name of hospital *Street address* *City* *State* *Zip+4*

MM/DD/YYYY *MM/DD/YYYY*

Confined: ____/__/____ through ____/__/____ Admission time _____ Dismissal time_____

Continue to page 2 of this form.

Policy/Certificate no.(s) _____ **Claimant's Name** Jane E. Smith

Indicate class of mental impairment (*if applicable):* ☐ Class 1–No limitation ☐ Class 2–Slight limitation ☐ Class 3–Moderate limitation ☐ Class 4–Marked limitation ☐ Class 5–Severe limitation

What is the patient's current DSM-IV-R diagnosis? ☐ Axis I _____ ☐ Axis II _____

☑ Axis III Severe Bilateral Carpal T ☐ Axis IV _____ ☐ Axis V _____

Do you believe this patient is competent to endorse checks/direct the use of proceeds? ☑ Yes ☐ No

C. Complete this section for pregnancy

Date of the last menstrual period *MM/DD/YYYY* / / First date of treatment *MM/DD/YYYY* / / Expected due date *MM/DD/YYYY* / /

Date of delivery / / *(MM/DD/YYYY)* This delivery is expected to be or was: ☐ Vaginal ☐ C-Section

Are there any present complications or anticipated difficulties in connection with:

a. Pregnancy ☐ Yes ☑ No b. Delivery ☐ Yes ☑ No c. Post partum ☐ Yes ☑ No

If YES, to any of the above, please specify in detail: _____

D. Information about the patient's inability to work. Complete this section for all conditions.

Briefly describe restrictions *(What the patient SHOULD NOT do)*:

Patient is unable to perform fine motor tasks, including typing, writing, or gripping with the right hand. No lifting, pushing, or pull

Briefly describe limitations *(What the patient CANNOT do)*:

Unable to perform fine motor tasks, including typing, writing, or gripping with the right hand. No lifting, pushing, or pulling greate

When was/is the patient able to return to work? Full-time / / 10/01/ *(MM/DD/YYYY)* Part-time / / 08/01/ *(MM/DD/YYYY)* 08/01/202

Does the patient's condition prevent being able to perform self care? ☐ Yes ☑ No If NO, please complete the following:

How soon do you expect fundamental changes in the patient's medical condition? ☐ 1-2 mos. ☑ 3-4 mos. ☑ 5-6 mos. ☐ 6 + mos.

Give details concerning expected improvement or deterioration:

Additional remarks:

Patient underwent a Right Carpal Tunnel Release on 03/10/2026 for severe bilateral carpal tunnel syndrome. T

E. Physician Information

Physician's name *Attending physician, please print* Jones, Alan Degree M.D.

Phone no. ( ) Fax no. ( ) Specialty Orthopedic Surgery

Physician's address *Street address* 456 Ortho Lane, Suite 200 *City* Medville *State* USA *Zip+4* 98765

F. Fraud Notices

Unless specific state language is provided below for your state of residence, the following general fraud notice applies.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

AL RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

AR, DC, LA, MA, RI RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

AZ RESIDENTS: For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Continue to page 3 of this form.

F. Fraud Notices *(continued)*

CA RESIDENTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO RESIDENTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FL RESIDENTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

IL RESIDENTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing fraud or intentional misstatements of material fact commits a fraudulent insurance act, which is a crime and subject to a substantial civil penalty where and to the extent allowed by state law.

KS RESIDENTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime as determined by a court of law and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

KY RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person, files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MD RESIDENTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly or willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

ME, TN, WA RESIDENTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MN RESIDENTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NC RESIDENTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may also be subject to a substantial civil penalty where and to the extent allowed by state law.

NH RESIDENTS: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information, is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NJ RESIDENTS: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NM RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

NY RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH RESIDENTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK RESIDENTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR RESIDENTS: Any person who knowingly and with intent to defraud an insurance company or any other person presents a false claim for payment of a loss or benefit may be guilty of insurance fraud and subject to civil fines and criminal penalties. If such misinformation is material to the content of the contract, relied upon by the insurer and either material to the risk assumed by the insurer or provided fraudulently, such action may also lead to denial of insurance benefits.

PA RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VA RESIDENTS: Any person who, with the intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

VT RESIDENTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I hereby acknowledge that I have read the applicable fraud notice above.

I hereby certify the statements above are complete and accurate to the best of my knowledge.

	04/05/2026	
Physician's Signature (no stamp)	*Date (MM/DD/YYYY)*	*TIN or Social Security No.*