



**Department of Navy
Human Resources Benefits Call
Center**
Medical Certificate

**CONTINUATION OF FEDERAL
EMPLOYEES HEALTH BENEFITS (FEHB)
COVERAGE FOR CHILD INCAPABLE OF
SELF SUPPORT**

CONSENT FOR RELEASE OF INFORMATION

A federal employee with self and family FEHB enrollment may include a child incapable of self-support because of physical or mental incapacity, which existed before age 22. The following information is requested so that the Human Resources Benefits Call Center (HRBCC) can make a self-support determination for the child listed below. I authorize the release of the information requested below regarding my child.

Employee's Signature	Employee's SSN	Date
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PATIENT INFORMATION

Child's Name	Child's DOB	Child's SSN
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ATTENDING PHYSICIAN'S REPORT

Nature of Disability:

How long has disability been in existence:

Date impairment began:

Probable future course and duration of disability including an estimate of the expected date of full or partial recovery (give date of partial disability or write if it is a permanent disability):

Is the child confined to an institution because of impairment due to a medical condition?

Yes No

Does the child require total supervisory, physical assistance, or custodial care?

Yes No

Will treatment, rehabilitation, educational training or occupational accommodation allow the child to be self-supporting?

Yes No

In your opinion, is the child incapable of self-support because of a physical or mental disability that existed before the child became 22 years of age and the condition can be expected to continue for more than one year?

Yes No

INFORMATION FOR THE PHYSICIAN

As the physician, you must complete this medical certificate for the HRBCC to make its determination of incapacity of self-support for the child listed above. This certificate must state that the child is incapable of self-support because of a physical or mental disability that existed before he/she became age 22 and that can be expected to continue for more than one year. In addition, this certificate must include the following information:

- diagnosis and history of the specific medical condition(s), references to findings from previous examinations, treatment and responses to treatment;
- clinical findings from the most recent physical examination, including objective findings of physical examination, results of laboratory tests, x-rays, EKG's and other special evaluations or diagnostic procedures, and, in the case of psychiatric disease, the findings of mental status examinations and the results of psychological tests;
- assessment of the current clinical status and plans for future treatment;
- assessment of degree to which the medical condition has become static or stabilized and an explanation of the medical basis for the conclusion;
- the probable future course and duration of the disability, including an estimate of the expected date of full or partial recovery;
- the special supervisory, physical assistance, or custodial care requirements of your child;
- any treatments, rehabilitation programs, educational training or occupational accommodation that would result in your child becoming self-supporting.

Physician's Name	Physician's Address	Telephone Number
Physician's Signature	Date	

INFORMATION FOR THE EMPLOYEE

You may **fax** the medical certificate to (207) 255-4329, however, you must mail the original to the address listed below. Medical certificates may be submitted when you first enroll in health insurance or at any time the child is covered under a self and family enrollment, but not later than 60 days before the child reaches age 22.

**Human Resources Benefits Call Center
P. O. Box 456
Machias, ME 04654**

If you have questions concerning this medical certificate, please call The Benefits Line at 1-888-320-2917, select option 4 to talk to a Benefits Customer Service Representative (CSR). CSRs are available 7:30 a.m. to 7:30 p.m., Monday through Friday (Eastern Time). Hearing impaired employees should call the TTY line number for their servicing Human Resource Service Center (HRSC).

Overseas employees who have access to DSN service can connect to The Benefits Line by dialing the DSN number to Randolph AFB (RAFB), 487-1110. Once the RAFB operator answers please indicate that you want to make an "official off net call" and give the operator The Benefits Line telephone number, 888-320-2917.