

AFFIDAVIT OF DEPENDENT PERMANENT DISABILITY

The Lee County Benefits Plan provides for continued coverage, regardless of age, for a totally disabled child, **if all of the following conditions are met:**

- 1) Child remains unmarried;
- 2) Child is dependent upon the employee for support;
- 3) Child is incapable of self-sustaining employment by reason of mental or physical handicap; and,
- 4) Child's doctor provides certification as to condition.

Please ask the attending physician to complete the following certification for your dependent and return this form to the Human Resources Benefits Office as soon as possible. Thank you for your cooperation.

Name of Dependent: _____ Social Security Number: _____

Name of Attending Physician: _____

PHYSICIAN'S CERTIFICATION

I certify that the above-named dependent is totally disabled and incapable of self-sustaining employment by reason of a mental and/or physical impairment:

Physician Signature

Date Signed

Employee Signature _____

DATE _____

Social Security Number: _____

Return Form To:

Lee County Human Resources: **ATTN: Benefits**

P.O. Box 397

Ft. Myers, FL 33902