Print Form

Army Benefits Center - Civilian	Medical Certificate For Child Incapable of Self-Support

INFORMATION FOR THE EMPLOYEE

A Federal employee with a Self and Family Federal Employees' Health Benefits (FEHB) enrollment may include a child incapable of self-support because of physical or mental incapacity, which existed before age 26. 5 CFR 890.302(d) requires that you submit a physician's certificate verifying your child's disability. Medical certificates may be submitted when you first enroll in FEHB or at any time your child is covered under a Self and Family enrollment, but not later than 60 days before the child reaches age 26.

Please give this form to your child's physician to complete. After it has been completed you may fax it to (785) 239-6228, however, you must also mail the original to the address listed below.

Army Benefits Center-Civilian
303 Marshall Avenue
Fort Riley, KS 66442-5004

If you have questions concerning this medical certificate, please call the ABC-C toll free at 1-877-276-9287 to speak to a benefits counselor. Counselors are available Monday through Friday from 6:00 a.m. to 6:00 p.m. Central Time (overseas numbers are available on the ABC-C website). For the hearing-impaired, please call 1-877-276-9833.

CONSENT FOR RELEASE OF INFORMATION

I authorize the release of information so the ABC-C can make a self-support determination regarding my child for the purpose of coverage as a family member under the FEHB.

Employee's Signature	Employee's SSN	Date

INFORMATION FOR THE PHYSICIAN

As a physician, please complete this medical certificate for the ABC-C to make its determination of incapacity of self-support for the child listed. This certificate must indicate that the child is incapable of self-support because of a physical or mental disability that existed before he/she became age 26 and can be expected to continue for more than one year. In addition, please 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 the child;
- Any treatments, rehabilitation programs, educational training or occupational accommodation that would result in the child becoming self-supporting.

PATIENT INFORMATION

Child's Name	Child's Date of Birth	Child's SSN

ATTENDING PHYSICIAN'S REPORT

Diagnosis and history of illness- include clinical findings:

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:

Probable future course and duration of disability including an estimate of the expected date of full or partial recovery (give date of partial disability and 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 26 years of age and the condition can be expected to continue for more than one year?

☐ Yes ☐ No

Physician's Name	Physician's Address	Telephone Number

Physician's Signature	Date

WARNING**
This document may include material covered by the Privacy Act of 1974
and should be viewed only by personnel having an official
"need to know" the information contained herein.