



The Guardian Life Insurance Company of America
 Northeast Regional Office
 Individual Life Claims Department 3-E
 3900 Burgess Place
 Bethlehem, PA 18017

Check One: The Guardian Life Insurance Company of America
 The Guardian Insurance & Annuity Company, Inc.

Life Claim Department

Name of Insured (Patient) <i>Leher, Arveni</i>	Date of Birth <i>11/7/74</i>
Present Address _____ City _____ State (Or Province) _____ Zip Code _____	
Policy No.(s) _____	Claim No. _____

ATTENDING PHYSICIAN'S STATEMENT FOR CONTINUANCE OF TOTAL DISABILITY

The patient is responsible for the completion of this form without expense to the Company. Space is available on the reverse side if you wish to amplify your answers.

1. PRESENT CONDITION	
(a) Subjective Symptoms	<i>chronic knee or I back pain</i>
(b) Objective Findings Give report of latest X-rays, E.K.G.s or any other special tests.	<i>see down B/L knee / back</i>
(c) Is insured	Ambulatory? <input checked="" type="checkbox"/> Bed Confined? <input type="checkbox"/> House Confined? <input type="checkbox"/> Hospital Confined? <input type="checkbox"/>
2. DIAGNOSIS <i>Reflex sympathetic dystrophy Chronic knee pain / back pain</i>	
3. TREATMENT	
(a) Date of first visit <i>2/17/14</i>	Mo. _____ Day _____ Yr. _____
(b) Frequency of visits <i>q 2 wks</i>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
(c) When did you last examine the patient? <i>11/7/14</i>	Mo. _____ Day _____ Yr. _____
4. PROGRESS	
Recovered _____	<input type="checkbox"/>
Improved _____	<input type="checkbox"/>
Unimproved _____	<input checked="" type="checkbox"/>
Retgressed _____	<input type="checkbox"/>
5. DEGREE OF DISABILITY	
(a) Has the insured been able to do any work? If so, from what date?	FOR ANY OCCUPATION <i>NO since 2006</i> Mo. _____ Day _____ Yr. _____ FOR REGULAR OCCUPATION Mo. _____ Day _____ Yr. _____
(b) If not, when do you think he/she will be able to work?	Approx. date _____ Indefinite <input type="checkbox"/> Never <input type="checkbox"/>
6. If disability involves a mental condition, is the patient competent to endorse checks and direct the use of the proceeds thereof with a clear understanding of the nature of his acts?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

"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. In New York, the person 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. In California, any person who knowingly files a statement of claim containing any false information is subject to criminal and civil penalties."

Date <i>11/7/14</i>	Signature (Attending Physician) <i>Vladimir Zelenko</i>
Attending Physician's Name (Please Print) <i>Vladimir Zelenko</i>	Degree/Field of Speciality <i>F.P MD</i>
Address <i>3 College Rd</i>	
City/State/Zip <i>Monroe NY 10950</i>	Phone # _____