



PHYSICIAN'S STATEMENT
FOR
PROOF OF DISABILITY

DIS310

INSTRUCTION TO PHYSICIAN: The claimant named below has applied for disability retirement benefits under the Church of God Ministers' Retirement Plan (the "Plan"). In order to determine whether of not the claimant's condition satisfies the Plan's criteria for disability benefits, it is essential that the Benefits Board receive certain medical information. Please provide complete and clear information concerning the items listed below and return this form to the Benefits Board, Post Office Box 4608, Cleveland, TN, 37320-4608.

CLAIMANT INFORMATION:

A. Claimant's Name: _____

B. Brief description of Claimant's duties: _____

C. This is to certify that the claimant named above has been under my professional care since:

_____, 20__.

D. In my professional opinion:

(a) _____ It is extremely unlikely that the claimant will be able to resume substantial gainful employment at any time in the foreseeable future.

(b) _____ While the claimant may be able to resume substantial gainful employment by _____, it is unlikely that, at any time in the foreseeable future, the claimant will be able to resume on a substantially full-time basis the duties described in line B above.

(c) _____ The earliest date on which the claimant may reasonably be expected to resume the duties described on line B above is _____. At that time, the following restrictions (if any) on the claimant's return to employment are likely to be applicable:

(d) _____ Other (specify): _____

(e) _____ Please state diagnosis and prognosis: _____

