Pat ent Name: ______________________________ Pat ent DOB: ______________________________

P l A

Complete in ent rety

Is the pat ent receiving benef ts from the Railroad Ret rement Board? ❒ Yes ❒ No

Is the pat ent currently incarcerated or in a halfway house? ❒ Yes ❒ No

Please provide any other details to summarize the pat ent's situat on: ______________________________

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Path to insurability assessment determinat on *(internal use only)*

______________________________ Date: ______________________________

❒ Eligible ❒

❒ Eligible ❒

Other: ❒ Eligible ❒

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