

Pat ent Name: _____ Pat ent DOB: _____

Complete in entirety

Is the patient receiving benefits from the Railroad Retirement Board? Yes No

Is the patient currently incarcerated or in a halfway house? Yes No

Please provide any other details to summarize the patient's situation: _____

Path to insurability assessment determination (internal use only)

_____ Date: _____

Eligible

Eligible

Other: Eligible

