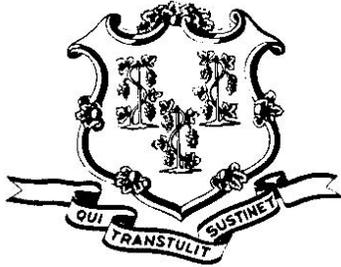


STATE OF CONNECTICUT

PHYSICIANS CERTIFICATE  
OF TOTAL AND PERMANENT DISABILITY



To be used only when accepted proofs of disability from Social Security Administration, Veteran's Administration, or other governmental offices are not obtainable.

I, \_\_\_\_\_, am familiar with the Social Security  
(Physician's name)

Administration's requirements for establishing Total and Permanent Disability status.

In my opinion \_\_\_\_\_ meets or exceeds all  
(applicant's name)

such requirements and is totally and permanently disabled.

To the best of my knowledge this disability began on \_\_\_\_\_.  
(date of disability)

\_\_\_\_\_  
(Physician's signature)

\_\_\_\_\_  
(date signed)

\_\_\_\_\_  
(print physician's name)

\_\_\_\_\_  
(MD license # - **required**)