

LONG TERM CARE SUPPLEMENTAL CLAIMANT'S REPORT

This form must be completed in full. Please print (use either black or blue ink) and return it to WEA Trust so that we may review your claim for continued long term care benefits.

Name:

Date of Birth:

Subscriber No.:

Telephone Number:

1. What is your current medical condition/diagnosis?

2. What are your current symptoms?

3. a. List dates of treatment since last report:

Give date of next scheduled appointment:

b. Since your last report, have you been hospital confined? Yes No

If yes, list date(s) of hospitalization:

c. What, if any, adaptive equipment/devices are you currently using (e.g., cane, walker, prosthesis, grab bars, raised toilet seat, wheelchair)?

4. List current treating physician(s)/practitioner(s), physical or occupational therapist(s), and counselor(s)/therapist(s), and their telephone numbers. (Attach a separate sheet if necessary.)

How frequently do you see these providers?

5. How does your condition limit your physical or mental ability to perform the activities of daily living listed on the attached "Definitions" page? (Attach a separate sheet if necessary.)

6. Describe your current daily activities. (Attach a separate sheet if necessary.)

7. Are you presently receiving any of the following? Please check the appropriate boxes and identify providers(s).

	Provider Name	Telephone Number
<input type="checkbox"/> Skilled nursing care	_____	_____
<input type="checkbox"/> Home health care	_____	_____
<input type="checkbox"/> Adult day care	_____	_____
<input type="checkbox"/> Nursing home care	_____	_____
<input type="checkbox"/> Hospice	_____	_____
<input type="checkbox"/> Assisted Living	_____	_____
<input type="checkbox"/> Other (please describe)	_____	_____

8. Do you have a Power of Attorney (POA), Durable Power of Attorney, Conservator, or Guardian? Yes No

If yes, please provide:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

If yes, and you have not previously provided us with a copy of the POA or Guardianship documents, please include a copy with this form.

I affirm the above information is true and complete to the best of my knowledge.

Claimant's Signature

Date

(If claimant is unable to sign, state reason and specify signer's relationship to the claimant.)

Has your address changed since your last update?

Yes

No

If yes, please complete the following:

Street: _____

City: _____ State: _____ Zip: _____

Submitting Forms and Correspondence to WEA Trust

To make filling out forms easier, some of our forms are fillable PDFs which allow you to complete and then save the form on your computer or device. Depending on the browser you are using you may or may not be able to use this feature.

Fillable PDFs require Adobe Acrobat or Acrobat Reader/Acrobat DC to fill them out online or on your computer. Many browsers use a different PDF viewer by default that doesn't support fillable form fields.

If you are unable to complete the forms on your computer or device, you may be able to download and save them to your computer and then fill them out. If you are unable to complete the forms on your computer or device or are unable to download the forms, please feel free to call us at **800.279.4000** and we will be happy to mail you paper copies.

Don't forget to save your work to your computer or device often.

You can submit forms and correspondence to us in whatever way works best for you ...

Postal Service

Address your envelope to:

WEA Trust

PO Box 259537

Madison, WI 53725-9537

Fax

Include your name and Subscriber Number on the cover page of your fax and send to:

608.276.9119

Secure File Upload

Send scanned or electronically completed forms to us via our www.weatrust.org website at:

<https://weatrust.org/secure-file-upload-1>

Email

Attach your scanned or electronically completed forms to an email and send to us at:

customerservice@weatrust.org

Refer to your Benefit Summary and Plan Document for specific benefit information. If you have any questions, we encourage you to call us at **800.279.4000**.