

**ADDENDUM TO
APPLICATION FOR
SURVIVOR BENEFITS**

Please complete a separate addendum for each condition listed in Section A. of your application. If you require additional pages, you may copy this page or request additional pages from MainePERS. (Please indicate how many addenda you are completing: _____)

BENEFICIARY OF (DECEASED MEMBER'S NAME): _____

DECEASED SOCIAL SECURITY #: _____

Name: _____

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Social Security Number

ABOUT YOUR CONDITION

Condition: _____

1. When did this condition first bother you? _____

2. What symptoms does this condition cause? _____

3. How do these symptoms interfere with your life? _____

4. What limitations does this condition and its symptoms cause in your ability to function? _____

5. How are you presently being treated for this condition? _____

By whom? _____ How often? _____

6. Is this treatment helping? Yes No Explain: _____

7. What restrictions has your healthcare provider put on your activities? _____

Healthcare Provider's Name: _____ When were restrictions applied? _____

Do you comply? _____

8. Have you ever sought a second opinion about this diagnosis or treatment? Yes No

If "Yes," give healthcare provider's name, specialty and results. _____

9. Have you tried other treatments/medications/steps in the past? Yes No

If "Yes," with what result? _____

10. Have you declined to try any recommendation of healthcare providers for managing or minimizing the effects of this condition?
 Yes No

If "Yes," what has been declined and why? _____