



# 1 COOPERATIVE INSURANCE SYSTEM OF THE PHILIPPINES LIFE AND GENERAL INSURANCE

No. 11 Mapagbigay corner Maunlad Street, Brgy. Pinyahan, Diliman, Quezon City

Tel No.923-0739 / 436-2590 Fax No. 924-0471

## TOTAL AND PERMANENT DISABILITY FORM

1 To date, how long has been the patient suffering from the injury? :

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2 Is the acquired injury expected to last for six (6) months and more? If yes, kindly state reason. :

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3 After sustaining the injury, is there any possibility of recovery? :

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4 Does the patient's ability to engage in substantial gainful activity (a level of work performed for pay or profit that involves doing significant physical or mental activity, or a combination of both) has been affected by the injury acquired? If yes, in what way? :

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5 With the acquired injury, can the patient still work in relation to his obtained education, training, or experience? Please elaborate. :

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**Signature over printed name**

FULL NAME OF ATTENDING PHYSICIAN:	SIGNATURE:
LICENSE No:	CLINIC ADDRESS & CONTACT NUMBER/S: