Equitable & You
...Committed To Caring
Equitable Life & Casualty Insurance Company

3 Triad Center
Salt Lake City, Utah 84180-1200
National: 1-800-352-5130 Fax: 801-579-3715

Policyowner Name: ______________________

Policy Number: __________________________

CARE BY FAMILY MEMBER APPLICATION 1

Use Black INK

APPLICANT INFORMATION

Last Name	First Name	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-Mail Address		
Social Security Number/Required for Tax Purposes	License or Certification Number		

Relationship to the Policyowner (by blood or marriage) describe: ________________________________

Are You a Citizen of the United States? ❒ Yes ❒ No If no, are you authorized to work in the U.S.? ❒ Yes ❒ No

Have You ever been discharged from a Position for abuse, neglect, or theft? ❒ Yes ❒ No

If Yes, When ____

Have you ever been convicted of a crime other than a minor traffic violation? ❒ Yes ❒ No

If Yes, Explain ____

PREVIOUS CAREGIVING EXPERIENCE

Describe the experience you have that qualifies you to provide care. ______________________________

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REFERENCES: PLEASE LIST TWO CARE GIVING REFERENCES - NOT RELATED TO YOU IF YOU HAVE NOT BEEN A CAREGIVER PROVIDE WORK REFERENCES

Full Name	Relationship
Company or Client	Phone
Address	
Full Name	Relationship
Company or Client	Phone
Address	

CURRENT POLICYOWNER SERVICES

Extent of Care Experience	ADL	Describe your experience providing these services
	Bathing	
	Bowel Management	
	Bladder Management	
	Continence Care	
	Dressing	
	Feeding	
	Toileting	
	Transferring	
	Medication Management	
	Other	

If you are no longer able to provide the kind of care needed will you seek assistance from a licensed Health Care Provider?

❒ Yes ❒ No

If so, when? ____

I certify that I do not live with the insured and am therefore eligible as a caregiver to be approved under the “Care by Family Member” benefit.

DISCLAIMER AND SIGNATURE

I Certify that my answers are true and complete to the best of my knowledge. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Equitable Life & Casualty Insurance Company may disclose the contents of your application to the Equitable policyowner, his or her representative(s), Insurance regulators or others as required by law. I acknowledge that Equitable will issue an IRS Form 1099-MISC for tax reporting purposes.**

Signature ____ Date ______________________________