



## **Adult Application Checklist**

**\*\* Return completed forms within 21 Days. \*\***

**Completion of all enclosed forms is required. Applications with incomplete information will result in delays or could result in a denial of the claim.**

If you need assistance completing this application, please call 866-206-5207.

Use the following checklist as a guide to ensure both forms are properly completed:

### **Application (Form 3218 or 3266)**

- ☐ Complete in BLUE OR BLACK INK.
- ☐ Use LEGAL NAME of applicant (person applying for benefits).
- ☐ Social security number, date of birth, address, and phone number are correct.
- ☐ All of the doctors, hospitals, and treating facilities listed are places where applicant has been treated for a medical condition(s) in the last 15 months.
- ☐ If applying on behalf of an individual who has died, a copy of the death certificate or death summary from the hospital is enclosed.

### **Authorization to Disclose Health Information (Form 921)**

- ☐ Complete in BLUE OR BLACK INK.
- ☐ Sign with LEGAL NAME and date. (X with a witness is acceptable.)
- ☐ If applicant is unable to sign due to a health condition (such as coma or stroke), the person who signs must be a legally appointed representative. Power of Attorney or other legal documentation must be enclosed.

**All forms are available in electronic format, Braille, large print, and audio upon request.**