



LONG-TERM DISABILITY INCOME PLAN

P-1AA

Risk Management Department (MS 51-B)

1200 Third Avenue, Suite 1000

San Diego, CA 92101

(619) 236-6100 FAX(619) 533-3203

CERTIFICATION OF BIRTH

Employee Name

Personnel Number

(Last Name)

(First Name)

(M.I.)

Actual Delivery Date _____ Were there any complications? ____ Yes ____ No

If so, please describe _____ Caesarean section? ____ Yes ____ No

Dates totally disabled from regular job:

From _____ To _____

Physician's Name _____ Tele. No. _____

(Print or Type)

Address _____

City _____ State _____ Zip Code _____

Physician's Signature _____ Date _____