



### CATASTROPHIC SICK LEAVE BANK APPLICATION (SLB)

**Definition of catastrophic illness or injury:** Severe condition or combination of conditions affecting the mental or physical health of the employee (or employee's spouse or dependent child) that requires the services of a licensed practitioner for a prolonged period and that forces the employee to exhaust all paid leave time earned by that employee. Such conditions typically require prolonged hospitalization or recovery or are expected to result in disability or death.

**Pre-existing conditions:** SLB typically cannot be used for any medical condition for which the member was diagnosed on or before the effective date of the member's enrollment in the program.

Please initial boxes below:

Pre-existing conditions are not covered.

Members may initiate a request for SLB pay provided they are on Family Medical Leave (FMLA) or Temporary Disability Leave (TDL). Once protected leave status is exhausted, the employee is no longer eligible to receive SLB pay.

I understand that family sick leave bank coverage is for self,

Patient's Name: \_\_\_\_\_ Relationship:  Self  Spouse  Dependent Child  
(Underage 18yrs)

Date you joined SLB: \_\_\_\_\_ Previously used SLB:  Yes  No When: \_\_\_\_\_

I hereby certify that the information given to the Catastrophic Sick Leave Bank program administrators is valid to the best of my knowledge and my FMLA/TDL HIPPA authorization releases medical records to the Sick Leave Bank program administrators.

\_\_\_\_\_  
Employee's Signature (or designate, if necessary)

\_\_\_\_\_  
Date



## CATASTROPHIC SICK LEAVE BANK APPLICATION (SLB)

### MEDICAL CERTIFICATION\* (to be completed by the attending physician)

Please complete the following information regarding the patient named above. The Catastrophic Sick Leave Bank is a voluntary program offered by the Arlington Independent School District. The bank covers members' catastrophic illnesses and injuries. The bank does not cover pre-existing conditions, elective surgeries, pregnancy, or other non-catastrophic situations. The district defines "catastrophic illness or injuries as:

### DEFINITION OF CATASTROPHIC ILLNESS OR INJURY

**PRE-EXISTING CONDITIONS:** SLB typically cannot be used for any medical condition for which the member was diagnosed on or before the date they first joined SLB.

**PHYSICIAN STATEMENT/MEDICAL CERTIFICATION\*** (to be completed by the attending physician) Please complete the following information regarding the patient named above.

Describe illness or injury in lay terms: \_\_\_\_\_

Date of diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_, Is patient still under your care?  Yes  No

**A catastrophic illness or injury is a severe condition affecting the mental or physical health of the employee or a member of the employee's immediate family and may result in disability or death.**

#### INITIAL ALL THAT APPLIES:

The patient's illness, injury, or condition is:  life threatening  requires in-patient prolonged hospitalization, and/or  is expected to result in permanent disability or death.

Explain the short-term prognosis: \_\_\_\_\_

Explain the long-term prognosis: \_\_\_\_\_

Dates of treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_ End: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Hospitalization:**