

Re: Disability Letter

We are in receipt of information from your employer indicating that you stopped working because you are disabled. In order for your health coverage to continue, we must have the proof of your disability statement below completed by your attending physician.

Note: If you have become eligible for Medicare, please notify us.

The completed form should be uploaded via [www.ytth.com](http://www.ytth.com). \* You must be registered and logged in to use this feature. If you are not registered yet, you may do so by clicking the word "Register" at the top of the page and following the step by step instructions. Or, you can return by mail or fax to Railroad Enrollment Services.

The mailing address and fax number are:

Railroad Enrollment Services  
PO Box 30775  
Salt Lake City, UT 84130-0775  
Fax #: (248) 733-6080

**IF THIS PROOF OF DISABILITY IS NOT RECEIVED, YOUR COVERAGE WILL BE TERMINATED. IF YOU HAVE RETURNED TO ACTIVE DUTY, YOU CAN IGNORE THIS LETTER.**

If you have questions, please call Railroad Enrollment Services at (800) 753-2692.

---

Please put SSN here:
----------------------

**TO BE COMPLETED BY ATTENDING PHYSICIAN:**

I certify that \_\_\_\_\_ has been disabled from performing his/her regular occupation from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) due to the following condition(s):

---

---

Is the employee permanently disabled from his/her regular occupation?    YES                      NO  
(Please circle one).

If no, please give us an estimated return to work date \_\_\_\_\_

Or the date of his/her next appointment with you \_\_\_\_\_.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

*\*If your coverage is already terminated, you will not be able to log into YTTH and should return by mail or fax.*