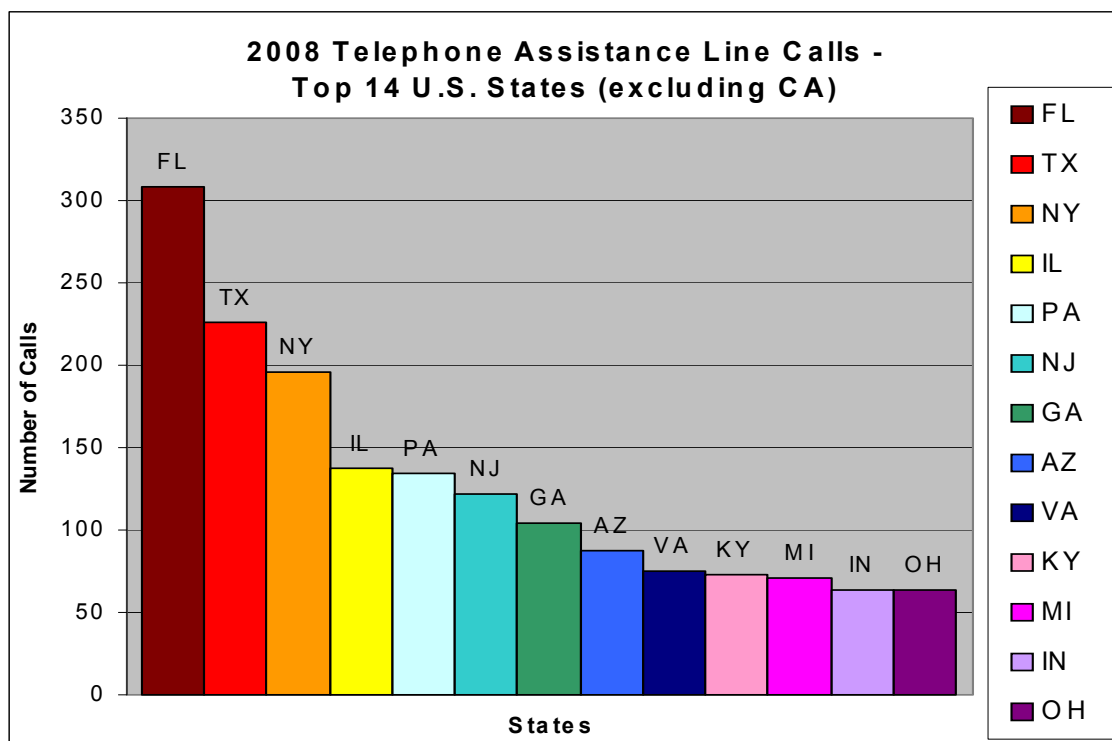
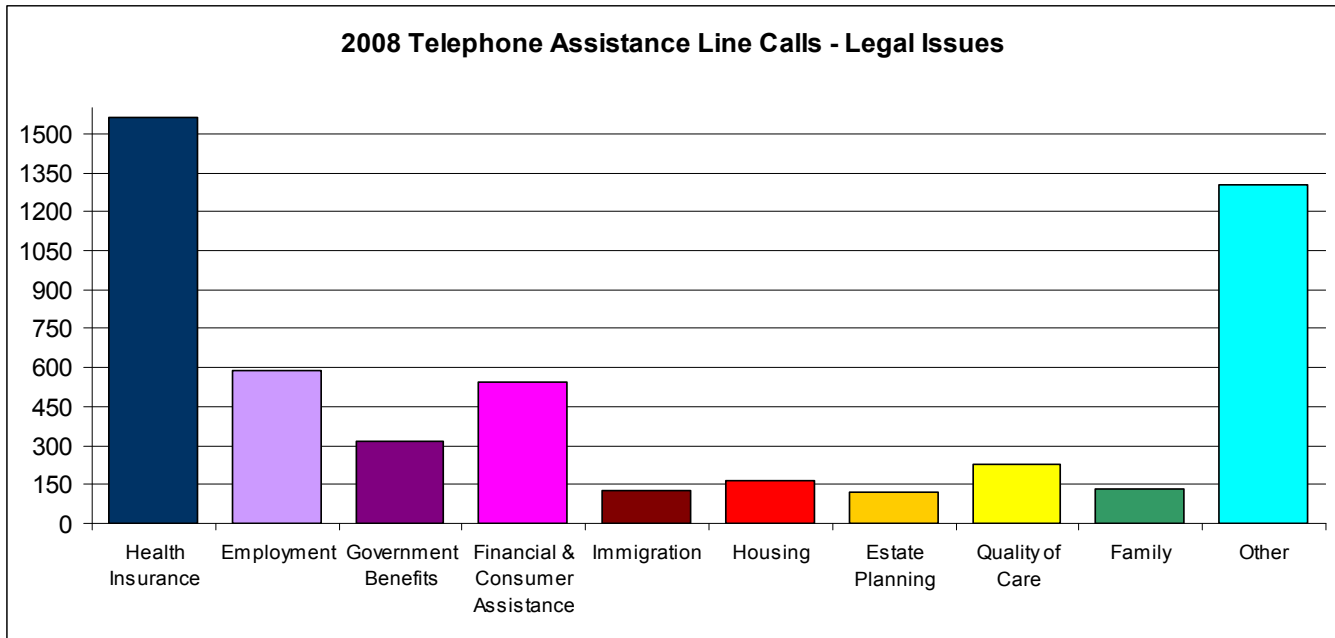


SUMMARY

We hope that this manual will be a useful tool for you. Providing you with relevant information to help you advocate for the legal rights of your patients from a position of knowledge and strength is our goal at the Cancer Legal Resource Center.

Below, are graphs representing the types of calls on cancer-related legal issues that we receive on the CLRC's national Telephone Assistance Line and the states in which callers live.

If you or your patients have questions about cancer-related legal issues, please contact us at (866) THE-CLRC (866-843-2572) or www.CancerLegalResourceCenter.org.



APPENDICES

INTRODUCTION:

Below are various sample letters, forms, and resources that have been referenced throughout this manual. These documents are designed to provide general information on the topics presented. They are provided with the understanding that the author is not engaged in rendering any legal or professional services by its publication or distribution. Although these materials were reviewed by a professional, they should not be used as a substitute for professional services. We recommend that individuals with questions or concerns about their legal options act immediately, as there may be specific legal time limitations that could affect the validity of any case and any possible legal options they may have. If you or your patients have additional questions, please contact the Cancer Legal Resource Center at (866) THE-CLRC or at www.CancerLegalResourceCenter.org.

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APPENDIX ER1

Sample Reasonable Accommodation Request Letter to an Employer:

Date

Employer's Name
Employer's Address

Re: Request for Reasonable Accommodation

Dear (e.g. Supervisor, Manager, or Human Resources Personnel):

Content to consider in the body of the letter:

-Identify yourself as a person with cancer.

-State that you are requesting a reasonable accommodation under the Americans with Disabilities Act (ADA), § 501, 503, or 504 of the Rehabilitation Act.

-Identify your specific job tasks, which are causing you difficulty.

-Identify your accommodation idea.

-Request your employer's accommodations ideas.

*-Refer to attached medical documentation if appropriate.***

-Ask your employer to respond to your request within a reasonable amount of time.

Sincerely,

Your signature
Your printed name
Your address
Your phone number or email address

Cc: to appropriate individuals

****You may wish to attach any medical information to your letter to help establish that you are a person with a disability and to document your need for an accommodation.**

APPENDIX ER2

Disability Rights Legal Center

CLRC

Cancer Legal Resource Center

The CLRC is a joint program of the Disability Rights Legal Center & Loyola Law School

Cancer Legal Resource Center

919 Albany Street • Los Angeles, CA 90015

Toll Free: 866.THE.CLRC (866.843.2572)

Phone: 213.736.1455

TDD: 213.736.8310 Fax: 213.736.1428

Email: HCLRC@LLS.edu

Web:

www.CancerLegalResourceCenter.org

Fair Employment & Insurance Agencies by State

Alabama

Fair Employment

Equal Employment Opportunity Commission

Ridge Park Place, 1130 22nd Street, Suite 2000

Birmingham, AL 32205

(800) 669-4000

www.eeoc.gov/birmingham/area.html

Insurance

Alabama Department of Insurance

200 Monroe St., Suite 1700

Montgomery, AL 36104

(334) 269-3550 www.aldoi.gov

Alaska

Fair Employment

Equal Employment Opportunity Commission

909 First Ave., Federal Building, Suite 400

Seattle, WA 98104-1061

(206) 220-6883 www.eeo.state.ak.us

Alaska State Commission for Human Rights

800 A Street, Suite 204

Anchorage, AK 99501-3669

(907) 276-4692 or (800) 478-4692

www.gov.state.ak.us/aschr/aschr.htm

Insurance

Alaska Division of Insurance

9th Floor State Office Building

333 Willoughby Avenue

Juneau, Alaska 99801

(907) 465-2515

www.dced.state.ak.us/insurance/

Arizona

Fair Employment

Equal Employment Opportunity Commission

3300 N Central Avenue, Suite 690

Phoenix, AZ 85012-1848

(602) 640-5000 or (800) 669-4000

www.eeoc.gov/phoenix/area.html

AZ Attorney General - Department of Law

1275 West Washington Street

Phoenix, AZ 85007

(602) 542-5263 or (877) 491-5742

www.azag.gov/civil_rights/

Insurance

Arizona Department of Insurance

2910 North 44th St., Suite 210

Phoenix, AZ 85018-7256

(800) 325-2548 or (602) 912-8444

www.id.state.az.us/

Arkansas

Fair Employment

Equal Employment Opportunity Commission

820 Louisiana Street, Suite 200

Little Rock, AR 72201

(501) 324-5060

www.eeoc.gov/memphis/area.html

Insurance

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1804

(800) 282-9134 or (501) 371-2600

www.insurance.arkansas.gov/

California

Fair Employment

Equal Employment Opportunity Commission

1265 West Shaw Avenue, #103

Fresno, CA 93711

(559) 487-5793 or (800) 669-4000

www.eeoc.gov/losangeles/fepa.html

Equal Employment Opportunity Commission

255 E. Temple, 4th Floor

Los Angeles, CA 90012

(213) 894-1000 or (800) 669-4000

www.eeoc.gov/losangeles/fepa.html

Equal Employment Opportunity Commission

1301 Clay Street, #1170-N

Oakland, CA 94612-5217

(510) 637-3230 or (800) 669-4000

www.eeoc.gov/sanfrancisco/area.html

Equal Employment Opportunity Commission

401 B Street, Suite 1550

San Diego, CA 92101

(619) 557-7235 or (800) 669-4000

www.eeoc.gov/losangeles/fepa.html

Equal Employment Opportunity Commission

901 Market Street, #500

San Francisco, CA 94103

(415) 356-5100 or (800) 669-4000

www.eeoc.gov/sanfrancisco/area.html

Equal Employment Opportunity Commission

96 North 3rd Street, #200

San Jose, CA 95112

(408) 291-7352 or (800) 669-4000

www.eeoc.gov/sanfrancisco/area.html

CA Dept. of Fair Employment & Housing

611 West 6th Street, Suite 1500

Los Angeles, CA 90012

(800) 884-1684 or (213) 439-6799

www.dfeh.ca.gov (Los Angeles)

CA Dept. of Fair Employment & Housing

1001 Tower Way, Suite 250

Bakersfield, CA 93309-1596

(661) 395-2729 or (800) 884-1664

(Kern, Tulare, Inyo, & Mono Counties)

www.dfeh.ca.gov/contact/Default.aspx?contactPage=12

CA Dept. of Fair Employment & Housing

1350 Front Street, Suite 005

San Diego, CA 92101

(619) 645-2681 or (800) 884-1684

(San Diego and Imperial Counties)

www.dfeh.ca.gov/contact/Default.aspx?contactPage=17

CA Dept. of Fair Employment & Housing

2101 East 4th Street, Suite 255-B

Santa Ana, CA 92705-3855

(714) 558-4266 or (800) 884-1684

www.dfeh.ca.gov/contact/Default.aspx?contactPage=20 (Orange)

CA Dept. of Fair Employment & Housing

111 North Market Street, Suite 810

San Jose, CA 95113-1102

(408) 277-1277 or (800) 884-1684

(Monterrey, San Benito, Santa Cruz, Santa Clara)

www.dfeh.ca.gov/contact/Default.aspx?contactPage=19

CA Dept. of Fair Employment & Housing

1320 East Shaw Ave., Suite 150

Fresno, CA 93710

(559) 244-4760 or (800) 884-1664

(Fresno, Kings, Madera, Merced, Stanislaus, Mariposa)

www.dfeh.ca.gov/contact/Default.aspx?contactPage=19

CA Dept. of Fair Employment & Housing

1515 Clay Street, Suite 701

Oakland, CA 94612-2512

(510) 622-2941 or (800) 884-1664

(Alameda, Contra Costa, San Joaquin, Solano, Napa)

www.dfeh.ca.gov/contact/Default.aspx?contactPage=22#main_content_1

CA Dept. of Fair Employment & Housing

2000 O Street, Suite 120

Sacramento, CA 95814-5212

(916) 445-5523 or (800) 884-1664

(Sacramento, Yolo, Colusa, Glenn, Tehama, Trinity, Shasta, Siskiyou, Modoc, Lassen, Plumas, Sierra, Nevada, Placer, El Dorado, Yuba, Sutter, Amador, Calaveras, Alpine, Toulumne)

www.dfeh.ca.gov/contact/Default.aspx?contactPage=16#main_content_1

CA Dept. of Fair Employment & Housing

121 Spear Street, Suite 430

San Francisco, CA 94105

(415) 904-2303 or (800) 884-1664

(San Francisco, San Mateo, Sonoma, Marin, Lake, Mendocino, Humboldt, Del Norte)

www.dfeh.ca.gov/contact/Default.aspx?contactPage=18#main_content_1

Insurance

California Department of Insurance

(800) 927-4357 <http://www.insurance.ca.gov>

California Dept. of Managed Health Care

California HMO Help Center

(800) 400-0815 or (888) 466-2219

www.hmohelp.ca.gov/

Colorado

Fair Employment

Equal Employment Opportunity Commission

303 E. 17th Ave, #510

Denver, CO 80203

(303) 866-1300 or (800) 669-4000

www.eeoc.gov/denver/index.html

Colorado Civil Rights Division

1560 Broadway, Suite 1050

Denver, CO 80202

(303) 894-2997 or (800) 262-4845

www.dora.state.co.us/civil-rights/

Insurance

Colorado Division of Insurance

1560 Broadway, Suite 850

Denver, CO 80202

(800) 930-3745

<http://www.dora.state.co.us/insurance/index.htm>

Connecticut

Fair Employment

Equal Employment Opportunity Commission

John F. Kennedy Federal Building

475 Government Center

Boston, MA 02203

(617) 565-3200 or (800) 669-4000

www.eeoc.gov/newyork/area.html

CT Commission on Human Rights & Opportunities

21 Grand Street

Hartford, CT 06106

(860) 541-3400 or (800) 477-5737

www.state.ct.us/chro/

Insurance

Connecticut Department of Insurance

P.O. Box 816

Hartford, CT 06142-0816

(860) 297-3800 www.ct.gov/cid/site/default.asp

Delaware

Fair Employment

Equal Employment Opportunity Commission

The Bourse Building, 21 S. Fifth Street, Suite 400

Philadelphia, PA 19106

(215) 440-2600 or (800) 669-4000

www.eeoc.gov/philadelphia/area.html

Delaware Division of Industrial Affairs

4225 N. Market Street

Wilmington, DE 19802

(302) 761-8200

www.delawareworks.com/divisions/industaffairs/dia/index.html

Insurance

Delaware Department of Insurance

Rodney Bldg, 841 Silver Lake Blvd., P.O. Box 7007
Dover, DE 19903

(800) 282-8611 or (302) 739-4251

www.delawareinsurance.gov/departments/documents/PremiumTax/2005/FraudFeeInfo.shtml

District of Columbia

Fair Employment

Equal Employment Opportunity Commission

1400 L Street, N.W., #200

Washington, D.C. 20005

(202) 275-7377 or (800) 669-4000

www.eeoc.gov/washington/index.html

D.C. Office of Human Rights

441 4th Street, NW, Suite 570 North

Washington, D.C. 20001

(202) 727-4559 or (202) 727-1000

www.ohr.dc.gov/main.shtml

Insurance

District of Columbia Department of Insurance

441 Fourth St., N.W., 8th Floor, North

Washington, DC 20001

(202) 727-8000

www.disb.dc.gov/disr/site/default.asp

Florida

Fair Employment

Equal Employment Opportunity Commission

One Biscayne Tower, 2 S. Biscayne Blvd., #2700

Miami, FL 33131

(305) 536-4491 or (800) 669-4000

(Alachua, Baker, Bradford, Brevard, Broward, Charlotte, Clay, Collier, Dade, Flagler, Glades, Henry, Highlands, Indian River, Lake, Lee, Marion, Martin, Monroe, Nassau, Okeechobee, range, Osceola, Palm Beach, Putnam, St. Johns, St. Lucie, Seminole, Sumner, Union, & Volusia)

www.eeoc.gov/miami/area.html

Equal Employment Opportunity Commission

501 East Polk Street, 10th Floor
Tampa, FL 33602
(813) 228-2310 or (800) 669-4000
(All other counties)
www.eeoc.gov/tampa/index.html

Florida Commission on Human Relations

2009 Apalachee Parkway, Suite 100
Tallahassee, Florida 32301
(850) 488-7082 or (800) 342-8170
www.fchr.state.fl.us/

Insurance

Florida Department of Insurance

200 E. Gaines St.
Tallahassee, FL 32399-0322
(800) 342-276 www.floir.com/

Georgia

Fair Employment

Equal Employment Opportunity Commission

100 Alabama Street, #4R30
Atlanta, GA 30303
(404) 562-6800 or (800) 669-4000
www.eeoc.gov/atlanta/area.html

Equal Employment Opportunity Commission

410 Mall Blvd., Suite G
Savannah, GA 31406-4821
(912) 652-4234 or (800) 669-4000
(GA counties: Appling, Atkinson, Bacon, Ben Hill, Berrien, Brantley, Bryan, Bulloch, Camden, Candler, Charlton, Chatham, Clinch, Coffee, Dodge, Effingham, Emanuel, Evans, Glynn, Irwin, Jeff Davis, Jenkins, Lanier, Laurens, Liberty, Long, Lowndes, McIntosh, Montgomery, Pierce, Screven, Tattnall, Telfair, Tift, Toombs, Treutlen, Ware, Wayne, Wheeler)
www.eeoc.gov/savannah/index.html

Georgia Human Relations Commission

1720 Peachtree Street, NW, Ste 333, North Tower
Atlanta, GA 30309
(404) 206-6320 www.ganet.org/ghrc

Insurance

Georgia Department of Insurance

2 Martin L. King Jr. Dr.
Dr. Floyd Memorial Bldg., 604 West Tower
Atlanta, GA 30334
(800) 656-2298 www.inscomm.state.ga.us/

Hawaii

Fair Employment

Equal Employment Opportunity Commission

300 Ala Moana Blvd., Room 7123-A
P.O. Box 50082
Honolulu, HI 96850-0051
(808) 541-3120 or (800) 669-4000
www.eeoc.gov/honolulu/index.html

Hawaii Civil Rights Commission

830 Punchbowl Street, Room 411
Honolulu, HI 96813
(808) 586-8636 or (800) 468-4644 x68640
www.state.hi.us/hcrc/

Insurance

Hawaii Insurance Division

250 S. King St., 5th Floor
Honolulu, HI 96813
(808) 586-2790 www.hawaii.gov/dcca/ins

Idaho

Fair Employment

Equal Employment Opportunity Commission

Federal Office Building, 909 First Ave., Ste. 400
Seattle, WA 98104-1061
(206) 220-6883 or (800) 669-4000
www.eeoc.gov/seattle/index.html

Idaho Human Rights Commission

1109 Main St., Fourth Fl., P.O. Box 83720
Boise, ID 83720-0040
(208) 334-2873 or (208) 334-4751
www2.state.id.us/ihrcc/

Insurance

Idaho Department of Insurance

700 West State St., 3rd Floor
Boise, ID 83720-0043
(208) 334-4250 www.doi.idaho.gov

Illinois

Fair Employment

Equal Employment Opportunity Commission

500 W Madison Street, #2800
Chicago, IL 60661
(312) 353-2713 or (800) 669-4000
(Entire state of IL, except 16 SW counties)
www.eeoc.gov/chicago/area.html

Equal Employment Opportunity Commission

1222 Spruce St., Room 8.100
St. Louis, MO 63103
(314) 539-7800 or (800) 669-4000
(Alexander, Bond, Calhoun, Clinton, Greene, Jackson, Jersey, Macoupin, Madison, Monroe, Perry, Pulaski, Randolph, St. Clair, Union, Washington)
www.eeoc.gov/stlouis/area.html

Illinois Department of Human Rights **Equal**
James R. Thompson Center
100 West Randolph Street, Suite 10-100
Chicago, Illinois 60601
(312) 814-6200 www.state.il.us/dhr/

Insurance

Illinois Department of Insurance
320 West Washington St., 4th Floor
Springfield, IL 62767
(877) 527-9431 www.idfpr.com/DOI/default2.asp

Indiana

Fair Employment

Equal Employment Opportunity Commission
101 W. Ohio Street, #1900
Indianapolis, IN 46204-4203
(317) 226-7212 or (800) 669-4000
www.eeoc.gov/indianapolis/area.html

Indiana Civil Rights Commission
Indiana Government Center North
100 North Senate Avenue, Room N103
Indianapolis, Indiana 46204
(317) 232-2600 or (800) 628-2909
www.in.gov/icrc/homt/html

Insurance

Indiana Department of Insurance
311 W. Washington St., Suite 300
Indianapolis, IN 46204-2787
(800) 622-4461 or (317) 232-2385
www.in.gov/idoi/

Iowa

Fair Employment

Equal Employment Opportunity Commission
Reuss Federal Plaza, 310 W. Wisconsin Ave., #800
Milwaukee, WI 53203-2292
(414) 297-1111 or (800) 669-4000
www.eeoc.gov/milwaukee/index.html

Iowa Civil Rights Commission **EquEmplo**
211 East Maple Street
Des Moines, IA 50309-1858
(515) 281-4121 or (800) 457-4416
www.state.ia.us/government/crc/

Insurance

Iowa Division of Insurance
Lucas State Office Building, 6th Floor
Des Moines, IA 50319
(515) 281-5705 www.iid.state.ia.us/

Kansas

Fair Employment

Louisia

Employment Opportunity Commission
400 State Avenue, #905
Kansas City, KS 66101
(913) 551-5655 or (800) 669-4000
www.eeoc.gov/kansascity/index.html

Kansas

Kansas Human Rights Commission
900 SW Jackson, Suite 851-S
Topeka, KS 66612-1258
(785) 296-3206 www.khrc.net/

Insurance

Kansas Department of Insurance
420 S.W. 9th St.
Topeka, KS 66612-1678
(800) 432-2484 or (785) 296-3071
(800) 860-5260 or (316) 337-6010 (Wichita)
www.ksinsurance.org

Kentucky

Fair Employment

Equal Employment Opportunity Commission
600 Dr. Martin Luther King Jr. Place, #268
Louisville, KY 40202
(502) 582-6082 or (800) 669-4000
www.eeoc.gov/louisville/index.html

Kentucky Commission on Human Rights
332 West Broadway, Suite 700
Louisville, KY 40202
(502) 595-4024 or (800) 292-5566
www.state.ky.us/agencies2/kchr/

Insurance

Kentucky Department of Insurance
P.O. Box 517, 215 West Main St.
Frankfort, KY 40602-0517
(502) 564-3630 or (800) 595-6053
www.doi.ppr.ky.gov/kentucky/

Louisiana

Fair Employment

Equal Employment Opportunity Commission
701 Loyola Avenue, #600
New Orleans, LA 70113-9936
(504) 589-2329 or (800) 669-4000
www.eeoc.gov/neworleans/index.html

Louisiana Department of Justice
One American Pl., 301 Main Street, 6th Floor
Baton Rouge, LA 70804
(225) 342-7013 www.ag.state.la.us/

Insurance

Louisiana Department of Insurance
950 North 5th St.

Baton Rouge, LA 70804-9214
(800) 259-5300 or (225) 342-5423
www.lidi.louisiana.gov

Maine

Fair Employment

Equal Employment Opportunity Commission
John F. Kennedy Fed. Bldg, 475 Government Ctr.
Boston, MA 02203
(617) 565-3200 or (800) 669-4000
www.eeoc.gov/newyork/area.html

Maine Human Rights Commission

51 State House Station
Augusta, ME 04333-0051
(207) 624-6050
www.state.me.us/mhrc/index.shtml

Maryland

Fair Employment

Equal Employment Opportunity Commission
City Crescent Building, 10 S. Howard St., Third Fl.
Baltimore, MD 21201
(410) 962-3932 or (800) 669-4000
www.eeoc.gov/baltimore/index.html

Maine Human Rights Commission

51 State House Station
Augusta, ME 04333-0051
(207) 624-6050
www.state.me.us/mhrc/index.shtml

Insurance

Maryland Insurance Administration

501 St. Paul Pl.
Stanbalt Building, 7th Floor South
Baltimore, MD 21202-2272
(800) 492-6116 or (410) 468-2000
www.mdinsurance.state.md.us/sa/jsp/Mia.jsp

Massachusetts

Fair Employment

Equal Employment Opportunity Commission
John F. Kennedy Federal Building
Govt. Center, 4th Floor, Room 475
Boston, MA 02203
(617) 565-3200 or (800) 669-4000
www.eeoc.gov/boston/index.html

MA Commission Against Discrimination

One Ashburton Place, Room 601
Boston, MA 02108-1518
(617) 994-6000 www.state.ma.us/mcad/

Insurance

Massachusetts Division of Insurance
(617) 521-7777 (Boston); (413) 785-5226
(Springfield)

www.mass.gov/?pageID=oacaagencylanding&L=4&L0=Home&L1=Government&L2=Our+Agencies+and+Divisions&L3=Division+of+Insurance&sid=Eoca

Michigan

Fair Employment

Equal Employment Opportunity Commission
477 Michigan Avenue, Room 865
Detroit, MI 48226-9704
(313) 266-7636 or (800) 669-4000
www.eeoc.gov/detroit/index.html

Michigan Department of Civil Rights

Capitol Tower Building, Suite 800
Lansing, MI 48913
(517) 335-3165 www.michigan.gov/mdcr

Insurance

Michigan Insurance Bureau
611 W. Ottawa St., 2nd Floor North
Lansing, MI 48933-1020
(517) 373-0240 or (877) 999-6442
www.michigan.gov/dleg

Minnesota

Fair Employment

Equal Employment Opportunity Commission
330 South Second Avenue, #430
Minneapolis, MN 55401-224
(612) 335-4040 or (800) 669-4000
www.eeoc.gov/minneapolis/index.html

Minnesota Department of Human Rights

190 E. 5th Street, Suite 700
St. Paul, MN 55101
(800) 657-3704 or (651) 296-5663
www.humanrights.state.mn.us/

Insurance

Minnesota Department of Commerce
133 East 7th St.
St. Paul, MN 55101
(800) 657-3602 or (612) 296-2488
www.state.mn.us/portal/mn/jsp/home.do?agency=Commerce

HMOS: Minnesota Department of Health

(800) 657-3916 or (612) 282-5600
www.health.state.mn.us/

Mississippi

Fair Employment

Equal Employment Opportunity Commission

100 West Capitol Street, Suite 207
Jackson, MS 39269
(601) 965-4537 or (800) 669-4000
www.eeoc.gov/jackson/index.html

Insurance

Mississippi Department of Insurance

1804 Walter Sillers Building
Jackson, MS 39205
(800) 562-2957 or (601) 359-2453
www.mid.state.ms.us/

Missouri

Fair Employment

Equal Employment Opportunity Commission

1222 Spruce Street, Room 8.100
St. Louis, MO 63103
(314) 539-7800 or (800) 669-4000
www.eeoc.gov/stlouis/index.html

Equal Employment Opportunity Commission

Gateway Tower II, 4th & State Ave., 9th Floor,
Kansas City, KS 66101
(913) 551-5655 or (800) 669-4000
(KS & 43 counties in Western Missouri: Adair, Andrew,
Barry, Barton, Bates, Buchanan, Caldwell, Carroll, Cass,
Cedar, Charlton, Clay, Clinton, Cooper, Dade, Davies,
De Kalb, Gentry, Grundy, Harrison, Henry, Hickory, Holt,
Jackson, Jasper, Johnson, Lafayette, Lawrence, Linn,
Livingston, McDonald, Mercer, Newton, Nowaday,
Pettis, Putnam, Ray, St. Clair, Saline, Schuyler, Sullivan,
Vernon, & Worth)
www.eeoc.gov/kansascity/index.html

Missouri Commission on Human Rights

3315 West Truman Blvd., P.O. Box 1129
Jefferson City, MO 65102-1129
(573) 751-3325 www.dolir.state.mo.us/hr/

Insurance

Missouri Department of Insurance

301 West High St., Room 630
Jefferson City, MO 65102-0690
(800) 726-7390 www.insurance.mo.gov/

Montana

Fair Employment

Equal Employment Opportunity Commission

Federal Office Building, 909 First Avenue, Ste. 400
Seattle, WA 98104-1061
(800) 669-4000 www.eeoc.gov/seattle/index.html

Human Rights Bureau

1625 11th Avenue, P.O. Box 1728
Helena, MT 59624-1728
(406) 444-2884
erd.dli.mt.gov/humanright/hrhome.asp

Insurance

Montana Department of Insurance

126 North Sanders, 270 Mitchell Building
Helena, MT 59601
(800) 332-6148 or (406) 444-2040
sao.mt.gov/

Nebraska

Fair Employment

Equal Employment Opportunity Commission

Gateway Tower II, 4th & State Ave., 9th Floor,
Kansas City, KS 66101
(800) 669-4000
www.eeoc.gov/kansascity/index.html

Nebraska Equal Opportunity Commission

Nebraska State Office Building
310 Centennial Mall South, 5th Floor
Lincoln, NE 68509-4934
(402) 471-2024 or (800) 642-6112
www.state.ne.us/home/NEOC/who/who.htm

Insurance

Nebraska Department of Insurance

Terminal Building, 941 'O' St., Suite 400
Lincoln, NE 68508
(402) 471-2201 www.doi.ne.gov/

Nevada

Fair Employment

Equal Employment Opportunity Commission

Roybal Federal Bldg., 255 East Temple St., 4th Fl.
Los Angeles, CA 90012
(213) 894-1000 or (800) 669-4000
www.eeoc.gov/losangeles/area.html

Nevada Equal Rights Commission

1515 E. Tropicana Ave, Suite 590
Las Vegas, NV 89119-6522
(702) 486-7161 detr.state.nv.us/nerc/index.htm

Insurance

Nevada Division of Insurance

1665 Hot Springs Rd., Suite 152
Carson City, NV 89710
(888) 872-3234 www.doi.state.nv.us/

New Hampshire

Fair Employment

Equal Employment Opportunity Commission

John F. Kennedy Fed. Bldg, 475 Government Ctr.
Boston, MA 02203
(617) 565-3200 or (800) 669-4000
www.eeoc.gov/boston/index.html

NH Commission for Human Rights

2 Chenell Drive
Concord, NH 03301-8501
(603) 271-2767 www.nh.gov/hrc/

Insurance

New Hampshire Department of Insurance

169 Manchester St.
Concord, NH 03301
(800) 852-3416 or (603) 271-2261
www.nh.gov/insurance/

New Jersey

Fair Employment

Equal Employment Opportunity Commission

1 Newark Center, 21st Floor
Newark, NJ 07102-5233
(973) 645-6383 or (800) 669-4000
(Bergen, Essex, Hudson, Hunterdon, Middlesex,
Monmouth, Morris, Passaic, Somerset, Sussex,
Union, & Warren)
www.eeoc.gov/newark/index.html

New Jersey Division on Civil Rights

140 East Front St., P.O. Box 090
Trenton, NJ 08625-0090
(609) 292-4605
www.state.nj.us/oag/dcr/index.html

Insurance

New Jersey Department of Insurance

20 West State St., CN325
Trenton, NJ 08625
(800) 838-0935 or (609) 633-1882
www.state.nj.us/dobi/division_insurance/index.htm

New Mexico

Fair Employment

Equal Employment Opportunity Commission

505 Marquette Street N.W., Suite 900
Albuquerque, NM 87102
(505) 248-5201 or (800) 669-4000
www.eeoc.gov/albuquerque/index.html

New Mexico Human Rights Division

1596 Pacheco Street
Santa Fe, NM 87505
(800) 566-9471
www.dol.state.nm.us/

Insurance

New Mexico Department of Insurance

P.O. Drawer 1269
Santa Fe, NM 87504-1269
(800) 947-4722 or (505) 827-4601
www.nmprc.state.nm.us/id.htm

New York

Fair Employment

Equal Employment Opportunity Commission

6 Fountain Plaza, #350
Buffalo, NY 14202
(716) 551-4441 or (800) 669-4000
www.eeoc.gov/buffalo/index.html

Equal Employment Opportunity Commission

33 Whitehall Street
New York, NY 10014
(212) 336-3620 or (800) 669-4000
www.eeoc.gov/newyork/area.html
(NY Counties: Bronx, Columbia, Dutchess, Greene,
Kings, New York, Orange, Putnam, Queens, Richmond,
Rockland, Suffolk, Sullivan, Ulster, Westchester)

New York State Division of Human Rights

1 Fordham Plaza
Bronx, NY 10458
(718) 741-8400 www.nysdhr.com/

Insurance

New York Department of Insurance

160 West Broadway
New York, NY 10013
(800) 342-3736 www.ins.state.ny.us/

North Carolina

Fair Employment

Equal Employment Opportunity Commission

129 West Trade Street, #400
Charlotte, NC 28202
(704) 344-6682 or (800) 669-4000
www.eeoc.gov/charlotte/area.html

Equal Employment Opportunity Commission

2303 W. Meadowview Rd, Suite 201
Greensboro, NC 27405-7813
(336) 547-4188 or (800) 669-4000
(NC Counties: Alamance, Allegheny, Ashe, Caswell,
Davidson, Davie, Forsyth, Guilford, Randolph, Stokes,
Surry, Wilkes, & Yadkin)
www.eeoc.gov/greensboro/index.html

Equal Employment Opportunity Commission

1309 Annapolis Drive
Raleigh, NC 27608-2129
(919) 856-4064 or (800) 669-4000
www.eeoc.gov/raleigh/index.html

North Carolina Human Relations Commission

217 W. Jones Street, 4th Floor
Raleigh, NC 27603-6100
(919) 733-7996 or (866) 324-7474
www.doa.state.nc.us/hrc/

Insurance

North Carolina Dept. of Insurance

4140 Dobbs Building, P.O. Box 26387
Raleigh, NC 27611
(800) JIM-LONG or (919) 733-7349
www.ncdoi.com/

North Dakota

Fair Employment

Equal Employment Opportunity Commission

Towle Building, 330 South Second Ave., Ste. 720
Minneapolis, MN 55401-2224
(800) 669-4000
<http://www.eeoc.gov/minneapolis/index.html>

North Dakota Department of Labor

600 East Boulevard Ave., Dept. 406
Bismark, ND 58505-0340
(701) 328-2660 www.state.nd.us/labor/

Insurance

North Dakota Department of Insurance

600 East Blvd.
Bismarck, ND 58505-0320
(800) 247-0560 or (701) 328-2440
www.nd.gov/ndins/

Ohio

Fair Employment

Equal Employment Opportunity Commission

550 Main Street, Suite 10019
Cincinnati, OH 45202
(513) 684-2851 or (800) 669-4000
(All other OH counties)
www.eeoc.gov/philadelphia/area.html

Equal Employment Opportunity Commission

1660 West Second Street, #850
Cleveland, OH 44113-1454
(216) 522-2001 or (800) 669-4000
(OH Counties: Columbus or North of Columbus)
www.eeoc.gov/cleveland/index.html

Ohio Civil Rights Commission

1111 East Broad Street, 3rd Floor
Columbus, Ohio 43205
(614) 466-2785 or (888) 278-7101
www.state.oh.us/crc/

Insurance

Ohio Department of Insurance

2100 Stella Ct.
Columbus, OH 43215
(800) 686-1526 or (614) 644-2673
www.ohioinsurance.gov/

Oklahoma

Fair Employment

Equal Employment Opportunity Commission

215 Dean A McGee Avenue, 5th Floor
Oklahoma City, Oklahoma 73102
(800) 669-4000
www.eeoc.gov/oklahoma/index.html

Oklahoma Human Rights Commission

2101 N. Lincoln Blvd., Jim Thorpe Bldg., Rm. 480
Oklahoma City, Oklahoma 73105
(405) 521-2360 www.onenet.net/~ohrc2/

Insurance

Oklahoma Department of Insurance

3814 N. Santa Fe
Oklahoma City, OK 73118
(800) 522-0071 or (405) 521-2828
www.ok.gov/oid/

HMOs: Oklahoma Department of Health

(405) 271-6868
www.ok.gov/health/Protective_Health/Health_Resources_Development_Service/Managed_Care_Systems/HMO_Complaint/

Oregon

Fair Employment

Equal Employment Opportunity Commission

Federal Office Building, 909 First Avenue, #400
Seattle, WA 98104-1061
(206) 220-6883 or (800) 669-4000
www.eeoc.gov/seattle/index.html

Oregon Civil Rights Division

800 NE Oregon Street #32, Suite 1070
Portland OR 97232
(503) 731-4200 ext. 1
www.boli.state.or.us/civil/

Insurance

Oregon Division of Insurance

350 Winter St., N.E., Room 200
Salem, OR 97310-0700
(503) 947-7983 or (503) 947-7985
www.cbs.state.or.us/ins/

Pennsylvania

Fair Employment

Equal Employment Opportunity Commission

21 South 5th Street, 4th Floor
Philadelphia, PA 19106
(215) 440-2600 or (800) 669-4000
(NJ counties, DE, WV, PA counties not under Pittsburgh)
www.eeoc.gov/philadelphia/area.html

Equal Employment Opportunity Commission

1001 Liberty Avenue, #300
Pittsburgh, PA 15222-4187
(412) 644-3444 or (800) 669-4000
(WV, PA counties: Allegheny, Armstrong, Beaver, Butler, Clarion, Clearfield, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Venango, Warren, Washington, & Westmoreland)
www.eeoc.gov/pittsburgh/index.html

Pennsylvania Human Relations Commission

301 Chestnut Street, Suite 300
Harrisburg, PA 17101
(717) 787-4410 www.phrc.state.pa.us

Insurance

Pennsylvania Insurance Department

1326 Strawberry Sq., 13th Floor
Harrisburg, PA 17120
(717) 787-2317 or (877) 881-6388
www.ins.state.pa.us/ins/site/default.asp

HMOs: PA Attorney General's Health Care Unit

(877) 888-4877
www.attorneygeneral.gov/consumers.aspx?id=395

Rhode Island

Fair Employment

Equal Employment Opportunity Commission

John F. Kennedy Federal Building
Govt. Center, 4th Floor, Room 475
Boston, MA 02203
(617) 565-3200 or (800) 669-4000
www.eeoc.gov/boston/index.html

Rhode Island Commission for Human Rights

180 Westminster Street, 3rd Floor
Providence, RI 02903
(401) 222-2661 www.richr.state.ri.us/frames.html

Insurance

Rhode Island Insurance Division

233 Richmond St., Suite 233
Providence, RI 02903-4233
(401) 222-2223
www.dbr.state.ri.us/divisions/insurance/

South Carolina

Fair Employment

Equal Employment Opportunity Commission

301 North Main Street, Suite 1402
Greenville, SC 29601
(864) 241-4400 or (800) 669-4000
www.eeoc.gov/greenville/index.html

South Carolina Human Affairs Commission

2611 Forest Drive, Suite 200
Columbia, SC 29204
(803) 737-7800 or (800) 521-0725
www.state.sc.us/schac/

Insurance

South Carolina Department of Insurance

1612 Marion St., P.O. Box 100105
Columbia, SC 29202-3105
(800)-768-3467 or (803) 737-6180
www.doi.sc.gov/

South Dakota

Fair Employment

Equal Employment Opportunity Commission

303 E. 17th Avenue, Suite 510
Denver, CO 80203
(303) 866-1300 or (800) 669-4000
www.eeoc.gov/minneapolis/index.html

South Dakota Division of Human Rights

118 West Capitol Avenue
Pierre, South Dakota 57501
(605) 773-4493 www.state.sd.us/dcr/hr/

Insurance

South Dakota Division of Insurance

500 E. Capitol
Pierre, SD 57501-3940
(605) 773-3563
www.state.sd.us/drr2/reg/insurance/

Tennessee

Fair Employment

Equal Employment Opportunity Commission

1407 Union Ave., #521
Memphis, TN 38104
(901) 544-0115 or (800) 669-4000
(West TN counties)
www.eeoc.gov/memphis/area.html

Equal Employment Opportunity Commission

50 Vantage Way, #202
Nashville, TN 37228
(615) 736-5820 or (800) 669-4000
(Nashville metro & East TN)
www.eeoc.gov/nashville/index.html

Tennessee Human Rights Commission

530 Church Street, Suite 400
Cornerstone Square Building
Nashville, TN 37243-0745
(615) 741-5825 www.state.tn.us/humanrights/

Insurance

Tennessee Dept. of Commerce & Insurance

4th Floor, Davy Crockett Tower
500 James Robertson Pkwy.
Nashville, TN 37243-0586
(800) 342-4029 or (615) 741-2218
www.tennessee.gov/commerce/

Texas

Fair Employment

Equal Employment Opportunity Commission

300 East Main Street
El Paso, TX 79901
(915) 534-6700 or (800) 669-4000
(Andrews, Bailey, Borden, Brewster, Briscoe, Castro, Childress, Cochran, Cottle, Crane, Crosby, Culberson, Dawson, Dickens, Ector, El Paso Floyd, Foard, Gaines, Garza, Glasscock, Hale, Hardeman, Haskell, Hockley, Howard, Hudspeth, Jeff Davis, Kent, King, Knox, Lamb, Loving, Lubbock, Lynn, Martin, Midland, Mitchell, Motley, Parmer, Pecos, Presidio, Reagan, Reeves, Scurry, Sterling, Stonewell, Swisher, Terry, Upton, Ward, Winkler & Yoakum)
www.eeoc.gov/elpaso/index.html

Equal Employment Opportunity Commission

1919 Smith Street, 7th Floor
Houston, TX 77002
(713) 209-3320 or (800) 669-4000
(Angelina, Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Grimes, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Trinity, Tyler, Walker, Walter, & Wharton)
www.eeoc.gov/houston/index.html

Equal Employment Opportunity Commission

5410 Fredericksburg Rd #200
San Antonio, TX 78229-3555
(210) 281-7600 or (800) 669-4000
(S/SW TX counties: Arkansas, Atascosa, Bandera, Bastrop, Bee, Bexar, Blanco, Brazos, Brooks, Burleson, Burnet, Caldwell, Calhoun, Cameron, Coke, Comal, Concho, Crockett, De Witt, Dimmit, Duval, Edwards, Fayette, Frio, Gillespie, Boliad, Gonzales, Guadalupe, Hays, Hidalgo, Irion, Jackson, Jim Hogg, Jim Wells, Karnes, Kendall, Kennedy, Kerr, Kimble, Kinney, Kleberg, LaSalle, Lavaca, Lee, Live Oak, Llano, McCulloch, McMullen, Mason, Maverick, Medina, Menard, Nueces, Real, Refugio, San Patricio, San Saba, Schleicher, Starr, Sutton, Terrell, Tom Green, Travis, Ulvade, Val Verde, Victoria, Washington, Webb, Willacy, Williamson, Wilson, Zapata & Zavala)
www.eeoc.gov/sanantonio/index.html

Equal Employment Opportunity Commission

207 S. Houston St., 3rd Floor
Dallas, TX 75202-4726
(214) 655-3355 or (800) 669-4000

(Other TX counties)
www.eeoc.gov/dallas/area.html

Texas Commission on Human Rights
(512) 437-3450 or (888) 452-4778 (in Texas)
tchr.state.tx.us/contact.htm

Insurance

Texas Department of Insurance
333 Guadalupe St., P.O. Box 149104
Austin, TX 78714-9104
(800) 252-3439 or (512) 463-6464
www.tdi.state.tx.us/

Utah

Fair Employment

Equal Employment Opportunity Commission

3300 N Central Avenue, Suite 690
Phoenix, AZ 85012-1848
(602) 640-5000 or (800) 669-4000
www.eeoc.gov/phoenix/area.html

Utah Antidiscrimination & Labor Division

(801) 530-6801 or (800) 222-1238
www.labor.state.ut.us/

Insurance

Utah Department of Insurance
3110 State Office Building
Salt Lake City, UT 84114-1201
(800) 439-3805 or (801) 538-3800
www.insurance.utah.gov/

Vermont

Fair Employment

Equal Employment Opportunity Commission

John F. Kennedy Federal Building
Govt. Center, 4th Floor, Room 475
Boston, MA 02203
(617) 565-3200 or (800) 669-4000
www.eeoc.gov/newyork/area.html

Vermont Human Rights Commission

135 State Street, Drawer 33
Montpelier, VT 05633
(802) 828-2480 or (800) 416-2010
www.hrc.state.vt.us/

Insurance

Vermont Division of Insurance
89 Main St., Drawer 20
Montpelier, VT 05620-3601
(800) 631-7788 or (802) 828-2900
www.bishca.state.vt.us/InsurDiv/insur_index.htm

Virginia

Fair Employment

Equal Employment Opportunity Commission

Federal Building, Suite 739, 200 Granby Street
Norfolk, VA 23510

(757) 441-3470 or (800) 669-4000

www.eeoc.gov/norfolk/index.html

Equal Employment Opportunity Commission

3600 West Broad Street, Room 229
Richmond, VA 23230

(804) 278-4651 or (800) 669-4000

www.eeoc.gov/richmond/index.html

Equal Employment Opportunity Commission

City Crescent Building, 10 S. Howard St., Third Fl.
Baltimore, MD 21201

(410) 962-3932 or (800) 669-4000

www.eeoc.gov/baltimore/index.html

Virginia Council on Human Rights

1100 Bank St., Ste. 1202, Washington Building
Richmond, Virginia 23219

(804) 225-2292 www.chr.state.va.us/

Insurance

Virginia Bureau of Insurance

(800) 552-7945 or (877) 310-6560

www.scc.virginia.gov/division/boi/

Washington

Fair Employment

Equal Employment Opportunity Commission

Federal Office Building, 909 First Avenue, #400
Seattle, WA 98104-1061

(206) 220-6883 or (800) 669-4000

www.eeoc.gov/seattle/index.html

Washington State Human Rights Commission

(206) 464-6500 or (800) 605-7324

www.hum.wa.gov/

Insurance

WA Office of the Insurance Commissioner

14th Ave. & Water Sts., P.O. Box 40255

Olympia, WA 98504-0255

(800) 562-6900, (800) 826-2444, (360) 753-3613

www.insurance.wa.gov/

West Virginia

Fair Employment

Equal Employment Opportunity Commission

21 South 5th Street, 4th Floor

Philadelphia, PA 19106

(215) 440-2600 or (800) 669-4000

(NJ counties, DE, WV, PA counties not under
Pittsburgh)

www.eeoc.gov/philadelphia/area.html

Equal Employment Opportunity Commission

1001 Liberty Avenue, #300

Pittsburgh, PA 15222-4187

(412) 644-3444 or (800) 669-4000

(WV, PA counties: Allegheny, Armstrong, Beaver, Butler,
Clarion, Clearfield, Elk, Erie, Fayette, Forest, Greene,
Indiana, Jefferson, Lawrence, McKean, Mercer,
Venango, Warren, Washington, & Westmoreland)

www.eeoc.gov/pittsburgh/index.html

West Virginia Human Rights Division

1321 Plaza East, Room 108A

Charleston, WV 25301-1400

(304) 558-2616 or (888) 676-5546

www.state.wv.us/wvhrc/

Insurance

West Virginia Department of Insurance

(800) 624-9004 or (304) 558-3386

www.wvinsurance.gov/

Wisconsin

Fair Employment

Equal Employment Opportunity Commission

310 West Wisconsin Avenue, #800

Milwaukee, WI 53203-2292

(800) 669-4000

www.eeoc.gov/milwaukee/index.html

Wisconsin Equal Rights Division

201 E. Washington Ave., Room 300A

Madison, WI 53708

(608) 266-6860 www.dwd.state.wi.us/er/

Insurance

Office of the Commissioner of Insurance

125 South Webster Street

Madison, WI 53703-3474

(800) 236-8517 www.oci.wi.gov/

Wyoming

Fair Employment

Equal Employment Opportunity Commission

303 E. 17th Avenue, Suite 510

Denver, Colorado 80203

(800) 669-4000 www.eeoc.gov/denver/index.html

Insurance

Wyoming Department of Insurance

106 E. 6Th Ave

Cheyenne, WY 82002

(307) 777-7401 or (800) 438-5768

insurance.state.wy.us/

APPENDIX T1

Sample Disability Determination Letter from a Health Care Provider:

March 8, 2010

Brian Smith, MD
Oncologist, State University Cancer Center
1234 University Road
Big City, State 09876

Re: Miss Jane Jones

To Whom It May Concern:

My name is Dr. Brian Smith and I am an oncologist at the State University Cancer Center. I have been treating Miss Jane Jones for over a year and know her well.

According to my records (see attachment), I first met Miss Jones on January 15, 2009. Miss Jones was originally diagnosed with breast cancer, which has since metastasized to her lungs over the last six months. On February 3, 2009, I started Miss Jones on chemotherapy (one time per week for 12 weeks), as well as radiation treatment (one time per week for 6 weeks). Based on my chart notes, the treatment temporarily stopped the growth of cancer found in Miss Jones' left breast. However, upon further assessment, including x-rays on September 15, 2009, I noticed metastatic tumors in Miss Jones' lungs. On September 29, 2009, I performed a biopsy. Approximately one week later, Dr. Renee Reed, a pathologist at State University Cancer Center, determined that Miss Jones' cancer had spread (see lab results attached). Beginning October 28, 2009, my office began administering an aggressive combination of chemotherapy and radiation therapy.

As of February 25, 2009, my last office visit with Miss Jones, the patient has several limitations in the following areas: sitting, walking, focusing, concentrating, and lifting. In assessing Miss Jones' current condition, she cannot stand for more than 20 minutes at a time. Miss Jones needs considerable rest periods throughout the day and is often too sick from her cancer treatment to attend work 3-4 days/week. Additionally, as a result of Miss Jones' secondary cancer diagnosis, she has developed severe depression, to which she has already been referred to a psychologist to help treat this condition.

It is my professional opinion that Miss Jane Jones has a disability qualifying her for Social Security disability benefits.

If you have further questions, please contact me.

Best,

Brian Smith, MD.

Dr. Brian Smith

Encl: Attachments

APPENDIX T2

Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



OMB Control Number: 1215-0181
Expires: 12/31/2011

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: _____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: () Fax: ()

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes.

Was medication, other than over-the-counter medication, prescribed? No Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

No Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: No Yes.

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ___ No ___ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ___ No ___ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
___ No ___ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ___ No ___ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
___ No ___ Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or ___ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as “lifetime,” “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider’s name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax:(_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
 No Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Was medication, other than over-the-counter medication, prescribed? No Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
 No Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such as medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? No Yes.

Estimate the beginning and ending dates for the period of incapacity: _____

During this time, will the patient need care? No Yes.

Explain the care needed by the patient and why such care is medically necessary:

5. Will the patient require follow-up treatments, including any time for recovery? No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Explain the care needed by the patient, and why such care is medically necessary: _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? No Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary:

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ___ No ___ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: ___ times per ___ week(s) ___ month(s)

Duration: ___ hours or ___ day(s) per episode

Does the patient need care during these flare-ups? ___ No ___ Yes.

Explain the care needed by the patient, and why such care is medically necessary: _____

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider

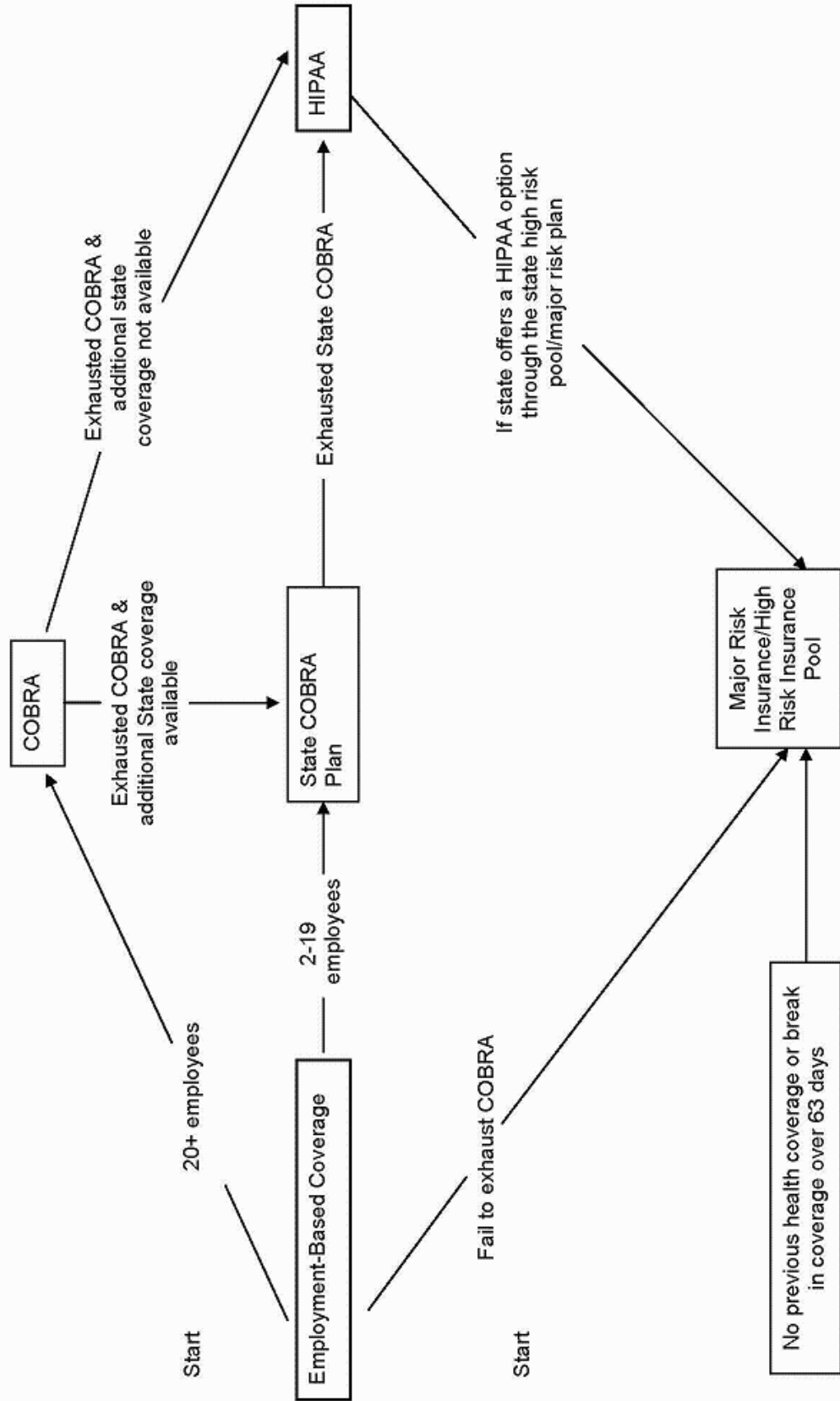
Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210.
DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

Appendix HI1 – Continuum of Private & State Health Insurance Options

HI1



APPENDIX H12

Below is a sample letter appealing an insurance company's decision to deny treatment or to refuse to cover the cost of treatment:

Date

Name of Health Care Representative

Health Plan Name

Address

City, State, Zip Code

Re: Patient's Name, Type of Coverage, Group/Policy Number

Dear _____ (Health Care Representative):

On _____ (date of diagnosis), _____ (Patient's Name), a beneficiary of your health insurance policy _____ (Group Number/Policy Number), was diagnosed with _____ (diagnosis). According to _____'s (Patient's name) physician, Dr. _____ (Physician's name), _____ (Patient's name) requires _____ (treatment that the insurance company is denying coverage for) as part of the treatment for _____ (diagnosis).

According to a letter _____ (Insurance Company's name) sent to _____ (Patient's name) on _____ (date of denial letter), _____ (treatment requesting) is not covered under _____ (Patient's name) insurance plan because _____ (explanation written in denial letter).

This letter serves as an appeal to _____ (Insurance Company's name) to _____ (what you are requesting Insurance company to do – e.g., pay for treatment). Dr. _____ (Physician's name) has also submitted an appeal on behalf of _____ (Patient's name), including details of his/her medical condition, copies of his/her medical records, and a thorough explanation as to why _____ (treatment requesting) is necessary. Based on the literature _____ (Insurance Company's name) sent to _____ (Patient's name) upon enrolling in this plan, _____ (Insurance Company's name) has _____ (number of days listed in Insurance Company's handbook) days to respond to this appeal.

Please reconsider your previous decision to _____ (what the Insurance company is refusing to do), as this medical procedure is necessary in _____ (Patient's name) treatment of _____ (diagnosis).

Sincerely,

Name

Address

Cc: _____ (anyone else you are sending this letter to)

Enclosures

Below is a sample of a completed letter appealing an insurance company's decision:

January 1, 2008

Mr. Joe Health Care Representative
ABC Health Care Insurance Company
100 Main Street
Big City, CA 90000

Re: Jane Smith, PPO, Group 123 / Policy Number ABC456

Dear Mr. Health Care Representative:

On April 1, 2007, Jane Smith, a beneficiary of your health insurance policy number ABC456 was diagnosed with breast cancer. According to Jane Smith's physician, Dr. Robert Feel Good, Jane requires a mastectomy as part of the treatment for her cancer diagnosis.

According to a letter ABC Health care Insurance Company sent to Jane Smith on December 1, 2007, a bilateral mastectomy is not covered under Jane Smith's insurance plan because her diagnosis is considered a pre-existing medical condition.

This letter serves as an appeal to ABC Health care Insurance Company to pay for Jane Smith's mastectomy, which was performed on October 1, 2007. Dr. Feel Good has also submitted an appeal on behalf of Jane Smith, including details of her medical condition, copies of her medical records, and a thorough explanation as to why the mastectomy is necessary and why her diagnosis should not be considered a pre-existing medical condition. Based on the literature ABC Health care Insurance Company sent to Jane Smith upon enrolling in this plan, ABC Health care Insurance Company has 30 days to respond to this appeal.

Please reconsider your previous decision to deny coverage for the mastectomy, as this medical procedure is necessary in Jane Smith's treatment of breast cancer.

Sincerely,

Fred Smith
500 S. Longroad Way
Small Town, CA 10000

Cc: Dr. Robert Feel Good

Enclosures

APPENDIX H13

Disability Rights Legal Center

CLRC

Cancer Legal Resource Center

Cancer Legal Resource Center

919 Albany Street • Los Angeles, CA 90015

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Web:

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Health Insurance Premium Payment Program

What is the Health Insurance Premium Payment Program?

The Health Insurance Premium Payment Program (HIPP) is a Medicaid program that pays for the private health insurance premiums for certain individuals with high medical costs. This program was implemented as a cost-saving plan, based on the idea that paying the private insurance monthly premiums for an individual who is seriously ill would cost the state much less than paying for the cost of an individual's complete medical care through the state's Medicaid program.

HIPP programs are not offered in every state and eligibility requirements vary. Generally, to participate in a state's HIPP program, an individual must qualify for Medicaid and have an existing medical condition that has been determined to be a cost-effective condition for the HIPP program. HIPP program enrollees are entitled to full State Medicaid benefits, including those not covered under the private health insurance plan.

Which states offer HIPP?

Alabama

Health Insurance Premium Payment Program

(334) 242-3722

www.medicaid.state.al.us/billing/HIPP.aspx?tab=6&sub=1

California

Department of Health Services

(866) 298-8443

www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx

Colorado

HIBI (Health Insurance Buy-In) administered through Medicaid

303-866-5402 number for the Buy-In officer Sharon Brydon

Georgia

Department of Family and Children Services – HIPP Unit

(404) 525-3660

Instructions:

www.odis.dhr.state.ga.us/3000_fam/3480_medicaid/MANUALS/FORMS/DMA%20124%20Instructions.doc

Application:

www.odis.dhr.state.ga.us/3000_fam/3480_medicaid/MANUALS/FORMS/DMA%20124.doc

Idaho

Department of Health and Welfare

(866) 458-7657

www.healthandwelfare.idaho.gov/site/3580/default.aspx

Iowa

Iowa Department of Human Services – HIPP Unit

(515) 281-9367
www.dhs.state.ia.us/hipp/

Kansas

Kansas Department of Social and Rehabilitation Services – HIPP Unit
(800) 967-4660
www.srskansas.org/KEESM/Miscform/MS2504HEALTH_INSURANCE_PREMIUM_PAYMENT_INFORMATION_FO_RM1-05.pdf

Kentucky

Kentucky Department of Medicaid Services – HIPP Program
(770) 980-9777, ext. 108

Missouri

Missouri Department of Social Services – HIPP Unit
(573) 751-2005
www.dss.mo.gov/mhd/participants/pdf/hndbk_ffs.pdf (page 22)

Nevada

Division of Health Care – HIPP administered through Medicaid
(775) 684-3600 or (800) 992-0900

New Hampshire

New Hampshire Department of Health and Human Services - Office of Medicaid
(603) 271-8183 or (800) 852-3345 ext. 8183
www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/hipp.htm

Oregon

Oregon Department of Human Services
(503) 945-5944
www.dhs.state.or.us/admin/oper/hig.html

Pennsylvania

Pennsylvania Department of Public Welfare – HIPP Program
(800) 644-7730
www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/DoingBusiness/003670053.htm

Texas

Health and Human Services Commission
(800) 440-0493
www.hhsc.state.tx.us/Medicaid/programs/hipp/hipp_start.html

Virginia

Department of Medical Assistance Services
(800) 432-5924
www.dss.virginia.gov/pub/pdf/032-03-842.pdf

West Virginia

Bureau for Medical Services – HIPP unit
(304) 342-1604
www.wvrecovery.com/hquestion.htm

Wisconsin

Wisconsin Department of Health and Family Services
(800) 362-3002
dhs.wisconsin.gov/medicaid/Publications/p-10095.htm

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APPENDIX HI4

Disability Rights Legal Center

CLRC

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Cancer Legal Resource Center

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Phone: 213.736.1455

TDD: 213.736.8310 Fax: 213.736.1428

Email: HCLRC@LLS.edu

Web:

www.CancerLegalResourceCenter.org

High Risk Insurance Plans by State

Alabama

Alabama Health Insurance Plan

www.alseib.org/healthinsurance/ahip

866-836-9737

- Lifetime Cap: \$750,000
- Waiting Period as of 05/2009: none
- Average Monthly Cost: \$206
- Multiple Plans: No

Alaska

Alaska Comprehensive Health Insurance Association

www.achia.com

800-285-6477

- Annual Cap: up to \$15,000
- Waiting Period as of 05/2009: 6 months
- Average Monthly Cost: \$142
- Multiple Plans: Yes

Arkansas

Arkansas Comprehensive Health Insurance Pool

www.chiparkansas.org

800-285-6477

- Lifetime Cap: \$1 million
- Waiting Period as of 05/2009: 6 months
- Average Monthly Cost: \$120
- Multiple Plans: Yes

California

California Major Risk Medical Insurance Program

www.mrmib.ca.gov

916-324-4695

- Lifetime Cap: \$75,000
- Waiting Period as of 05/2009: 3 months
- Average Monthly Cost: \$200
- Multiple Plans: No

Colorado

CoverColorado

www.covercolorado.org

866-787-9129

- Lifetime Cap: \$1 million
- Waiting Period as of 05/2009: 6 months
- Average Monthly Cost: \$60
- Multiple Plans: Yes

Connecticut

Connecticut Health Reinsurance Association

www.hract.org/hra/index.htm

800-842-0004

- Lifetime Cap: \$1 million
- Waiting Period as of 05/2009: 12 months
- Average Monthly Cost: \$324
- Multiple Plans: Yes

Florida

Florida Comprehensive Health Association

850-309-1200

Note: this program has not taking any new enrollees for many years

Idaho

Department of Insurance

208-334-4250 www.doi.idaho.gov

- Lifetime Cap: \$500,000
- Waiting Period as of 05/2009: 6 months
- Average Monthly Cost: \$194
- Multiple Plans: Yes

Illinois

Illinois Comprehensive Health Insurance Plan

217-782-6333 www.chip.state.il.us

- Lifetime Cap: \$2 million
- Waiting Period as of 05/2009: 3 months
- Average Monthly Cost: \$126
- Multiple Plans: Yes

Indiana

HIP ESP

800-452-4800, Ext. 222 www.in.gov/ai

- Waiting Period as of 05/2009: 6 months
- Average Monthly Cost: \$60
- Multiple Plans: Yes

Iowa

HIPIowa

Midlands Choice

877-793-6880 www.hipiowa.com

- Waiting Period as of 05/2009: 3 months
- Average Monthly Cost: \$128
- Multiple Plans: Yes

Kansas

KHIA

800-362-9290 www.khiastatepool.com

- Waiting Period as of 05/2009: 12 months
- Average Monthly Cost: \$34
- Multiple Plans: Yes

Kentucky

Kentucky Access

866-405-6145 www.kentuckyaccess.com

- Waiting Period as of 05/2009: 8 months
- Average Monthly Cost: \$60
- Multiple Plans: Yes

Louisiana

Louisiana Health Plan

800-736-0947 www.lahealthplan.org

- Annual Cap: \$125,000
- Lifetime Cap: \$625,000
- 6 year program cap
- Waiting Period as of 05/2009: 1 month
- Average Monthly Cost:
- Multiple Plans: Yes

Maryland

Maryland Health Insurance Plan

www.marylandhealthinsuranceplan.state.md.us

888-456-2024

- Lifetime Cap: \$2 million
- Waiting Period as of 05/2009: 6 months
- Average Monthly Cost: \$294
- Multiple Plans: Yes

Mississippi

Mississippi Comprehensive Health Insurance Risk Pool Association

www.mississippihealthpool.org

888-820-9400

- Waiting Period as of 05/2009: 12 months
- Average Monthly Cost: \$170

- Multiple Plans: Yes

Missouri

Missouri Health Insurance Pool

800-843-6447 www.mhip.org

- Waiting Period as of 05/2009: 12 months
- Average Monthly Cost: \$35
- Multiple Plans: Yes

Montana

Montana Comprehensive Health Association

800-447-7828 ext. 8537 www.mthealth.org

- Lifetime Cap: \$2 million
- Waiting Period as of 05/2009: 6 months
- Average Monthly Cost: \$88
- Multiple Plans: Yes

Nebraska

Nebraska Comprehensive Health Association

877-348-4304 www.nechip.com

- Annual Cap:
- Waiting Period as of 05/2009: 9 months
- Average Monthly Cost: \$290
- Multiple Plans: Yes

New Hampshire

Benefit Management Inc.

877-888-6447 www.nhhealthplan.org

- Lifetime Cap: \$2.5 million
- Waiting Period as of 05/2009: 6 months
- Average Monthly Cost: \$82
- Multiple Plans: Yes

New Jersey

Individual Health Coverage (IHC) Program

New Jersey Department of Insurance

www.state.nj.us/dobi/division_insurance/ihcseh/ihc_main.htm

(800) 838-0935 or (609) 633-1882

- Pre-existing exclusion period of 12 months applies to persons who have been uninsured for more than 31 days
- Average Monthly Cost: Depends on the plan
- Multiple Plans: Yes

New Mexico

New Mexico Medical Insurance Pool

866-622-4711 www.nmmip.org

- Waiting Period as of 05/2009: none
- Average Monthly Cost: \$136
- Multiple Plans: Yes

North Carolina

North Carolina Inclusive Health

866-665-2117 www.inclusivehealth.org

- Lifetime Cap: \$2.5 million.
- Waiting Period as of 05/2009: 6 months
- Average Monthly Cost:
- Multiple Plans: Yes

North Dakota

Comprehensive Health Association of ND

800-737-0016 www.chand.org

- Lifetime Cap: \$1 million.
- Waiting Period as of 05/2009: 1 year.
- Average Monthly Cost: \$354
- Multiple Plans: Yes

Oklahoma

First Health

877-793-6477 www.okhrp.org

- Lifetime Cap: \$1 million (effective July 2009)
- Waiting Period as of 05/2009: 6 months
- Average Monthly Cost: \$170
- Multiple Plans: No

Oregon

Oregon Medical Insurance Pool

800-848-7280 www.omip.state.or.us

- Lifetime Cap: \$2 million
- Waiting Period as of 05/2009: 6 months
- Average Monthly Cost: \$280
- Multiple Plans: Yes

South Carolina

South Carolina Health Insurance Pool

www.doi.sc.gov

800-688-2500 or 803-788-0222

- Lifetime Cap: \$1 million
- Waiting Period as of 05/2009: none
- Average Monthly Cost: \$
- Multiple Plans: No

South Dakota

South Dakota Risk Pool

605-773-3148 www.riskpool.sd.gov

- Lifetime Cap: \$1 million
- Waiting Period as of 05/2009: 12 months if there is a preexisting condition
- Average Monthly Cost: \$38
- Multiple Plans: Yes

Tennessee

CoverTennessee

866-268-3786 www.covertn.gov

- Lifetime Cap: \$1 million
- Waiting Period as of 05/2009: 6 months
- Average Monthly Cost: \$230
- Multiple Plans: Yes

Texas

Texas Health Insurance Risk Pool

888-398-3927 www.txhealthpool.org

- Lifetime Cap: \$2 million
- Waiting Period as of 05/2009: 6 months
- Average Monthly Cost: \$238

Utah

HIPUtah

801-442-6660 (Salt Lake area) or 800-705-9173

- Pre-existing exclusion period of up to 6 months, the look back period is also 6 months
- Average Monthly Cost: depends on age. As low as \$69 and as high as \$794
- Multiple Plans: Yes

Washington

Washington State Health Insurance Pool

800-877-5187 www.wship.org

- Lifetime Cap: \$2 million
- Waiting Period as of 05/2009: none
- Average Monthly Cost: \$136
- Multiple Plans: Yes

West Virginia

AccessWV

304-558-3386 www.wvinsurance.gov/accesswv

- Lifetime Cap: \$1 million
- Annual Cap: \$200,000
- Waiting Period as of 05/2009:
- Average Monthly Cost: \$400
- Multiple Plans: Yes

Wisconsin

Health Insurance Risk-Sharing Plan

800-828-4777 www.hirsp.org

- Lifetime Cap: \$1 million
- Waiting Period as of 05/2009: 6 months, plus extra waiting period if there is a preexisting condition
- Average Monthly Cost: \$186
- Multiple Plans: Yes

Wyoming

Wyoming Insurance Department

www.insurance.state.wy.us

- Lifetime Cap: \$750,000
- Waiting Period as of 05/2009: 1 year
- Average Monthly Cost: \$328
- Multiple Plans: Yes

APPENDIX HI5

Disability Rights Legal Center

CLRC

Cancer Legal Resource Center

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Cancer Legal Resource Center

919 Albany Street • Los Angeles, CA 90015

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TDD: 213.736.8310 Fax: 213.736.1428

Email: HCLRC@LLS.edu

Web:

www.CancerLegalResourceCenter.org

Coverage of Cancer Clinical Trials

What is a clinical trial?

A clinical trial is a research study in which people volunteer to test new treatments, drugs, or procedures. Researchers use clinical trials to learn whether a new treatment works and is safe for people. This research is needed to develop new treatments, and clinical trials often provide patients with access to the highest quality of cancer care and new treatments before they are widely available.

How are clinical trials conducted?

Clinical trials are usually conducted in a series of four phases, or research testing steps.

- **Phase I:** This is the first step in testing a new drug or procedure with people. Researchers test safe dosages and methods of delivery (ex: given orally or injected into a vein or muscle). The researchers carefully observe any side effects.
- **Phase II:** These trials study both the safety and effectiveness of a treatment and evaluate how it affects your body. These studies are usually specific to one type of cancer, and often have less than one hundred patients.
- **Phase III:** These trials compare the new treatment with the current standard treatment. Participants are randomly assigned to the new treatment group or to the standard treatment group. Random assignment helps to avoid bias and ensures that other factors do not affect study results.
- **Phase IV:** These trials are useful in researching the long-term safety and overall effectiveness of treatment. These studies take place after a treatment has been approved for widespread use.

Who sponsors cancer clinical trials?

These are a few examples of agencies and companies that sponsor cancer clinical trials:

- National Cancer Institute
- National Institutes of Health
- Pharmaceutical & Biotechnology Companies
- U.S. Department of Defense
- U.S. Department of Veterans Affairs
- U.S. Food & Drug Administration

What are the costs of participating in a clinical trial?

Routine care costs are for care that is not dependent on a clinical trial and occurs when receiving standard treatment or participating in the study. Routine care costs can include lab tests, x-rays, blood work, and doctor visits.

Costs that are typically not covered by health insurance include the drugs or procedures being tested in the clinical trial, items or services used solely for the data collection needs of the trial, and anything being provided for free by the clinical trial sponsor.

Some health insurance plans will also not provide coverage for routine care costs because they consider clinical trials to be “experimental” treatment.

Does my state require insurance coverage for clinical trials?

There are currently **23 states** that require health insurance plans to cover the routine care costs of a clinical trial, including: Arizona, California, Connecticut, Delaware, Georgia, Louisiana, Maine, Maryland, Massachusetts, Missouri, Nevada, New Hampshire, New Mexico, North Carolina, Ohio, Rhode Island, Tennessee, Vermont, Virginia, West Virginia, Wisconsin, Wyoming, and the District of Columbia. However, each state’s law is different. For more information on your state’s regulation of health insurance coverage for clinical trials, please contact the CLRC or your state’s insurance agency.

Example: In **California**, health insurance plans are required to cover the routine care costs associated with cancer clinical trials (CA Health & Safety Code §1370.6). Covered costs may include, but are not limited to, hospitalization, physician visits, X-rays, blood tests, CAT scans, and PET scans. In addition, some costs may be covered by the clinical trial sponsor, such as a pharmaceutical company.

Do Medicare and Medicaid cover clinical trials?

Medicare Part B does cover the routine care costs of clinical trials. For more information: www.cancer.gov/cancertopics/factsheet/support/medicare. Some states cover clinical trials under **Medicaid**. Contact your state Medicaid program for more information.

What if your insurance denies coverage for the clinical trial?

1. Contact your health care provider team to see if they can assist you
2. Contact your insurance company to find out why they denied coverage
3. Go through your insurance internal appeals process
4. Contact your state insurance agency to see if you are eligible for an external appeals process or independent medical review
Ex: California Department of Managed Health Care of California Department of Insurance
5. Contact the CLRC for assistance

Current Federal Bills in Congress:

These bills are currently pending in Congress and if passed would increase access to clinical trials:

- **Access to Clinical Trials Act of 2009 (HR 716/S 488)**
- **The 21st Century Cancer ALERT Act (S 717)**

For more information on these bills, please visit <http://thomas.loc.gov/> or contact the CLRC.

For more information about clinical trials:

National Cancer Institute: www.cancer.gov/clinicaltrials/Taking-Part-in-Cancer-Treatment-Research-Studies/page1

Living Beyond Breast Cancer: <http://www.lbbc.org/data/media/LBBCunderstandresearchstudies.pdf>

To locate a cancer clinical trial:

ACS Clinical Trials Matching Database
www.cancer.org (800) 303-5691

SearchClinicalTrials.org
www.searchclinicaltrials.org (877) MED-HERO

National Cancer Institute (NCI)
www.cancer.gov/clinicaltrials (800) 422-6237

TrialCheck
www.cancertrialshelp.org (877) 227-8451

National Institutes of Health (NIH)
www.clinicaltrials.gov

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APPENDIX EP1

Disability Rights Legal Center

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Estate Planning Glossary

The Cancer Legal Resource Center has designed this information sheet to answer commonly asked questions. However, this information may be just a starting point for you to find out additional information. Please feel free to contact the Cancer Legal Resource Center at (866) THE-CLRC if you need additional information or to answer other questions you may have.

Beneficiary

An individual who receives income or assets from a trust, life insurance policy, a will, etc.

Community Property

Generally, income or property acquired by either spouse during a marriage, except by gift or inheritance, in community property states only. Contact an attorney to determine whether the state in which you live is a community property state.

Conservatee

The incapacitated person for whom a conservatorship has been established.

Conservator

An individual who is appointed by the court to act on behalf of an incapacitated person.

Conservatorship

A court proceeding in which the court supervises the management of an incapacitated person's finances and/or personal care.

Estate

The property that is the subject of a trust or probate proceeding.

Guardian of the Person

A person appointed by the court to take care of a child under 18 years old.

Guardian of the Estate

A person appointed by the court to manage the assets and finances of a child under 18 years old. This person can be the same person who is appointed the Guardian of the Person.

Health Care Agent

A person appointed by you to make your health care decisions if you are unable to do so.

Patient Self-Determination Act (PSDA)

The 1990 Patient Self-Determination Act encourages all people to make choices and decisions now about the types and extent of medical care they want to accept or refuse should they become unable to make those decisions due to illness. The PSDA also requires that all hospitals, long-term care facilities, and home health agencies that receive Medicare and Medicaid reimbursement to ask you whether you have an advance health care directive and requires them to recognize it.

APPENDIX EP2:

Disability Rights Legal Center

CLRC

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Personal Record File

This Personal Record File will be helpful to your loved ones by gathering in one place, copies of important records and documents they will need. The items on the list can be kept in an envelope or other document holder and marked to show the contents and kept in a place known to your loved ones. Originals should be kept in a fireproof place, such as a safe deposit box, if appropriate.

1. Will, with name, address, and phone number of attorney.
2. Birth certificates for yourself, spouse, and children.
3. Marriage license and/or proof of divorce, if applicable.
4. Drivers' license and social security card.
5. Life, medical, dental, property, and auto insurance policies, with name, address, and phone number of insurance agent(s).
6. Proof of automobile ownership and registration, license plate number, and VIN number.
7. Real estate deed, title policies, mortgages, record of payments, tax receipts, receipts for improvements, etc.
8. Names of banks, savings, retirement and securities accounts, loans, and their account numbers.
9. Computer, voicemail, and internet user names and passwords for financial accounts, etc.
10. List of other assets and locations (including loans, deeds of trust and accounts receivable).
11. Safe-deposit box key, name and address of bank, and box number.
12. Name of credit card creditors and account numbers.
13. Veteran's discharge paper (DD-214).
14. Income tax returns for the last three years, and name and address of persons preparing the returns.
15. Name and address of broker or stock certificates and bonds you own (and purchase slips or other records of cost/date of purchase).
16. Receipts and appraisals for items of substantial value such as jewelry, furs, furniture, silver, art, etc.
17. Name, address, and telephone number of your employer and/or supervisor.
18. Documentation of retirement benefits, pension plan, and profit sharing.
19. Business records.
20. List of close relatives, addresses, and telephone numbers.
21. Funeral or memorial instructions.
22. General instructions to surviving spouse or children, including a list of advisers.
23. Any other information you would like to include.

APPENDIX EP3

Disability Rights Legal Center

CLRC

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The CLRC is a joint program of the Disability Rights Legal Center & Loyola Law School

“Taking Care of Business”

The Cancer Legal Resource Center has designed this information sheet so that you can collect and keep personal and financial information in one place. Keep it in a safe place known to your spouse and other loved ones. Update it as needed. And, feel free to modify and/or change it to meet your particular and special needs.

1. GENERAL INFORMATION

Name: _____

Home Address: _____

Phone: (Home) _____ (Work) _____

Employer/Work Address: _____

Work Telephone: _____

Date of Marriage: _____

Date of Separation/Divorce (if applicable): _____

Children of this Marriage:

Name	Date of Birth
_____	_____
_____	_____

Other Children:

Name	Date of Birth
_____	_____
_____	_____

2. INVENTORY OF ASSETS

(Assets include things like homes, real estate, investments, business interests, bank accounts, pensions, retirement benefits, life insurance policies, lines of credits, and personal property such as vehicles, jewelry and furniture.)

a. Real Property

i. **Type of Property and Address:** _____

Lender (s) [Name and Address]: _____

Account Number: _____ Date of Purchase: _____

Amount of Debt Owed: _____

Your estimate of the current selling price: _____

Your estimate of the equity in the property: _____

What is your plan for the use or sale of the property: _____

Other issues regarding the property: _____

ii. **Type of Property and Address:** _____

Lender (s) [Name and Address]: _____

Account Number: _____ Date of Purchase: _____

Amount of Debt Owed: _____

Your estimate of the current selling price: _____

Your estimate of the equity in the property: _____

What is your plan for the use or sale of the property: _____

Other issues regarding the property: _____

iii. **Type of Property and Address:** _____

Lender (s) [Name and Address]: _____

Account Number: _____ Date of Purchase: _____

Amount of Debt Owed: _____

Your estimate of the current selling price: _____

Your estimate of the equity in the property: _____

What is your plan for the use or sale of the property: _____

Other issues regarding the property: _____

b. Financial Assets

i. Life Insurance

Name/Address of Insurance Co.: _____

Phone: _____ Policy Number: _____

Face Value: _____ Cash Surrender Amount: _____

Insured Party: _____

Beneficiaries: _____

Discussion Issues Regarding Life Insurance: _____

Name/Address of Insurance Co.: _____

Phone: _____ Policy Number: _____

Face Value: _____ Cash Surrender Amount: _____

Insured Party: _____

Beneficiaries: _____

Discussion Issues Regarding Life Insurance: _____

ii. Pensions, Retirement Benefits, Profit Sharing

Type of Benefit: _____

Name of Administrator: _____

Address: _____

Phone: _____ Plan Number: _____

Current Amount: _____ In the Name Of: _____

Beneficiaries: _____

Type of Benefit: _____

Name of Administrator: _____

Address: _____

Phone: _____ Plan Number: _____

Current Amount: _____ In the Name Of: _____

Beneficiaries: _____

Type of Benefit: _____

Name of Administrator: _____

Address: _____

Phone: _____ Plan Number: _____

Current Amount: _____ In the Name Of: _____

Beneficiaries: _____

iii. Bank Accounts, Investment Accounts, Lines of Credit, Stock Certificates, Etc.

Type of Account/Name of Institution/Account Number: _____

Balance: _____ Maturity Date: _____

Number of Shares (if applicable): _____

Special Circumstances/Discussion Issues: _____

Type of Account/Name of Institution/Account Number: _____

Balance: _____ Maturity Date: _____

Number of Shares (if applicable): _____

Special Circumstances/Discussion Issues: _____

Type of Account/Name of Institution/Account Number: _____

Balance: _____ Maturity Date: _____

Number of Shares (if applicable): _____

Special Circumstances/Discussion Issues: _____

iv. Business Interests

Name and Nature of Business: _____

Ownership/Partnership/Name: _____

Date Acquired: _____ Salary: _____

Buy/Sell Agreement: _____ Insurance Policies: _____

Special Circumstances/Discussion Issues: _____

Name and Nature of Business: _____

Ownership/Partnership/Name: _____

Date Acquired: _____ Salary: _____

Buy/Sell Agreement: _____ Insurance Policies: _____

Special Circumstances/Discussion Issues: _____

Name and Nature of Business: _____

Ownership/Partnership/Name: _____

Date Acquired: _____ Salary: _____

Buy/Sell Agreement: _____ Insurance Policies: _____

Special Circumstances/Discussion Issues: _____

c. Personal Property

(Personal property includes vehicles, jewelry, furniture, appliances, art work, etc.)

<u>Item:</u>	<u>Location of Item:</u>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.

3. INVENTORY OF DEBTS, CREDIT CARDS, ETC.

a. Type of Account	Number	Name of Creditor
_____	_____	_____

Monthly Payment	Amount Owed
-----------------	-------------

b. Type of Account	Number	Name of Creditor
_____	_____	_____

Monthly Payment	Amount Owed
-----------------	-------------

c. Type of Account	Number	Name of Creditor
_____	_____	_____

Monthly Payment	Amount Owed
-----------------	-------------

d. Type of Account	Number	Name of Creditor
_____	_____	_____

Monthly Payment	Amount Owed
-----------------	-------------

e. Type of Account	Number	Name of Creditor
_____	_____	_____

Monthly Payment	Amount Owed
-----------------	-------------

f. Type of Account	Number	Name of Creditor
_____	_____	_____

Monthly Payment	Amount Owed
-----------------	-------------

DISCLAIMER: This publication is designed to provide general information on the topics presented. It is provided with the understanding that the author is not engaged in rendering any legal or professional services by its publication or distribution. Although these materials were reviewed by a professional, they should not be used as a substitute for professional services. The CLRC has no relationship or affiliation with the referral agencies, organizations or attorneys to whom we refer individuals. Resources and referrals are provided solely for information and convenience. Therefore, the CLRC disclaims any and all liability for any action taken by any entity appearing on the CLRC's resource and referral lists.

APPENDIX LA1

Sample letter to your Elected Official:

Date

The Honorable (insert full name)
(Insert body of government)
(Insert address)

Dear _____(insert title) (insert last name),

I am a constituent and live at _____(insert your address). I am writing to you to ask
_____ (purpose of letter – i.e. if you have a
specific bill number mention it here).

_____ (describe your personal story; state
why you have been affected by this situation; why the bill is important to you; etc).

Your support would make a difference in the lives of your constituents like me. Please
_____ (insert purpose of letter). I would appreciate if you would let me know of your action in
this matter.

Sincerely,

Your full name
Your full address (establishes that you are a constituent)
Your phone number

Sample of a completed letter to your Elected Official:

January 1, 2008

The Honorable Joe Lawmaker
U.S. House of Representatives
202 Longworth House Office Building
Washington, D.C. 20515

Dear Representative Lawmaker:

I am a constituent and live at 234 Creek Lane, in Lakeview, California. I am writing to ask you to
vote in support of H.R. 405, which increases funding for cancer research through the National
Cancer Institute.

I am a breast cancer survivor and many members of my family have been touched by cancer, as
well. It is so important to us that we do everything that we can to support the search for a cure for
cancer, so that no one else has to go through what we did.

Your support would make a difference in the lives of your constituents like me. Please support H.R.
405. I would appreciate it if you would let me know of your action in this matter.

Sincerely,

Jane Q. Public
234 Creek Lane
Lakeview, CA 90000
(888) 555-1000

APPENDIX LA2

Sample letter requesting a meeting with your legislator:

Date

VIA FACSIMILE: (enter fax number)

To: The Honorable (insert full name)
(Insert government body)
(Insert address)

Cc: Name of scheduler

Re: Meeting Request for (insert dates you are available to meet)

I am respectfully requesting a meeting with you on _____ (insert dates you are available to meet) between _____ (time you are available to meet). I am _____ (briefly introduce yourself or your organization).

_____ (discuss reasons for your meeting).

_____ (if you are bringing other advocates with you, let your representative know here).

I/We will contact your office to discuss this appointment. You can reach me at _____ (insert phone number) or _____ (email address) to arrange the appointment.

Thank you for your consideration of this request.

Sincerely,

Your Full Name
(Insert constituent or name of organization and position)
Your Full Address
Your Phone Number

Sample of a completed meeting request letter:

January 1, 2008

VIA FACSIMILE: (202) 555-1000

To: The Honorable Joe Lawmaker
U.S. House of Representatives
202 Longworth House Office Building
Washington, D.C. 20515

Cc: Ryan Scheduler

Re: Meeting Request for April 25, 2008

I am respectfully requesting a meeting with you on April 25, 2008, or April 26, 2008, between 9:00 am – 5:00 pm. I am a constituent and live at 234 Creek Lane in Lakeview, California 90000.

I would like to discuss the recently introduced H.R. 405, which increases funding for cancer research through the National Cancer Institute.

I am a breast cancer survivor and many members of my family have been touched by cancer as well. It is so important that we do everything that we can to support the search for a cure for cancer, so that no one else has to go through what we did.

I will contact your office to discuss this appointment. You can also reach me at (888) 555-1000 or at jane.q.public@email.com to arrange this appointment.

Thank you for your consideration of this request.

Sincerely,

Jane Q. Public
234 Creek Lake
Lakeview, CA 90000
(888) 555-1000

APPENDIX LA3

This is an example of what you can say when you call your legislator's office:

"Hi. My name is [name]. I am a constituent and I live [and/or work] in [town, city, county, state]. I am calling in regards to bill [bill number], [briefly describe the bill]. [Describe why the bill impacts you and your community]. I urge [name of legislator] to support bill [bill number]. Can you tell me how he/she is planning to vote on this bill?"

If you have questions I can provide you with further information on this issue. Thank you for your time."

Sample telephone script:

"My name is Jane Public. I am a constituent and I live in Lakeview, CA. I am calling in regards to H.R. 405, which increases funding for cancer research through the National Cancer Institute. This bill is critical to continue effective cancer research. Cancer kills nearly 500,000 people each year. I urge Representative Lawmaker to support H.R. 405. Can you tell me how he is planning to vote on this bill?"

If you have questions I can provide you will further information on this issue. Thank you for your time."

APPENDIX LA4

Sample of a completed press release:

Disability Rights Legal Center

CLRC

Cancer Legal Resource Center

For Immediate Release:

March 27, 2009

Contact:

Paula Pearlman: 213.736.8362,

HPaula.Pearlman@lls.edu

Joanna Morales: 213.736.8364.

CANCER LEGAL RESOURCE CENTER RECEIVES LANCE ARMSTRONG FOUNDATION 2009 COMMUNITY PROGRAM GRANT

LOS ANGELES, March 17, 2009 – The Cancer Legal Resource Center (CLRC), a joint project of the Disability Rights Legal Center (DRLC) and Loyola Law School, announced today that it is the recipient of a 2009 Lance Armstrong Foundation Community Program Grant. The community program of the Lance Armstrong Foundation (LAF) provides financial support and capacity-building to community-centered initiatives that address the physical, emotional and practical challenges of cancer survivorship.

A cancer diagnosis can carry with it a variety of legal issues, including insurance coverage, employment discrimination, access to health care, government benefits, and estate planning. These legal issues can cause people unnecessary worry, confusion, and stress, and can be overwhelming. When these legal issues are not addressed, people may find that although they have survived the disease, they have lost their homes, jobs, insurance, or families.

“We are extremely delighted to receive the LAF grant and the opportunity it offers to focus on educating health care professionals about cancer-related legal issues that their patients may face,” said Joanna L. Morales, Director of the Cancer Legal Resource Center. “The LAF is a generous supporter of community organizations that help people with cancer. We appreciate the foundation’s recognition of our efforts to provide legal information and resources to thousands of people every year.”

The CLRC provides free and confidential information and resources on cancer-related legal issues nationwide, to cancer survivors, caregivers, employers, health care professionals, and others coping with cancer. The CLRC’s caring, respectful assistance helps callers resolve their legal issues, focus on their recovery, and get back to their lives. Throughout its 12-year history, the CLRC has served over 90,000 people through the Telephone Assistance Line, conferences, seminars, workshops, outreach programs, and other cancer community activities.

About the Disability Rights Legal Center

The mission of the DRLC is to promote the rights of people with disabilities and the public interest in and awareness of those rights by providing legal and related services. The Center provides legal and related services through its seven programs: [Cancer Legal Resource Center](#), Civil Rights Litigation Program, Community Outreach Program, Education Advocacy Program, Inland Empire Program, Pro Bono Program, and the Options Counseling and Lawyer Referral Service. For more information, visit www.disabilityrightslegalcenter.org.

About the Lance Armstrong Foundation

At the Lance Armstrong Foundation, we fight for the 28 million people around the world living with cancer today. There can be – and should be – life after cancer for more people. That’s why we kick in at the moment of diagnosis, giving people the resources and support they need to fight cancer head-on. We find innovative ways to raise awareness, fund research and end the stigma about cancer that many survivors face. We connect people and communities to drive social change, and we call for state, national and world leaders to help fight this disease. Anyone anywhere can join our fight against cancer. Join us at www.LIVESTRONG.org.