

To see *PHPDF* in action, fill out this form, scroll to the bottom, and press the 'Save Form' button. A new form filled with **your** data will be created.

ANGEL FUND APPLICATION

PART A.

1) Regular fields

Name: _____ Employee # _____

Office: _____ Team Leader: _____

2) Select boxes

Definition of catastrophic illness or injury: "Catastrophic illness or injury" means an illness or injury resulting in a medical condition for which a physician has certified the condition is likely to result in a loss of work days up to 30. This definition applies to the staff member or to attend to an immediate family member, (spouse, children or parents) on a consecutive or intermittent basis.

PART B.

3) Radio buttons

1. In your opinion, does the employee meet the "Catastrophic Illness" definition above?
_____ **YES** _____ **NO**

2. Diagnosis description:

4) Multiline fields

3. Method of treatment:

Prognosis:

Physician's Name: _____ Date: _____

This information is for the purpose of determining eligibility for the Angel Fund Program. Persons outside of the corporate office will not have access to this information.

PHPDF lets you use
1) Regular fields,
2) Select boxes,
3) Radio buttons,
4) Multiline fields,
and more!

Hit the 'Reset Form' button to clear all the entries and start again. Hit the 'Save Form' button to create the new form.

From the next page, you will be able to download your new form to save or print.