



## Coverage for children 18 and over

You have applied for a Family Medical Leave for a child age 18 or over. In order for you to be entitled to leave under the FMLA, your child must be “incapable of self-care because of a mental or physical disability” at the time the FMLA leave is to commence.

Notice: Your adult child must meet both criteria (a and b) listed below (29 CFR 825.122(c)):

**(a) Incapable of self-care** (29 CFR 825.122(c)(1))

*The individual requires active assistance or supervision to provide daily self-care in three or more of the “activities of daily living” (ADL’s) or “instrumental activities of daily living” (IADL’s).*

**Activities of daily living** include adaptive activities such as caring appropriately for one’s grooming and hygiene, bathing, dressing and eating.

**Instrumental activities of daily living** include cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, using a post office, etc.

**(b) Because of a mental or physical disability as defined by the Americans with Disabilities Act (ADA)** (29 CFR 825.122(c)(2))

A **disability** is a physical or mental impairment that substantially limits one or more of the major life activities of an individual, a person who has a history or record of such an impairment, or a person who is regarded by others as having such an impairment.

An **impairment** is (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as neurological, musculoskeletal, special sense organs, respiratory, cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine; or 2) any mental or psychological disorder, such as an intellectual disability, organic brain syndrome, and specific learning disabilities.

Examples of **major life activities** include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others and working as well as the operation of major bodily functions.

**Substantially limits** means a person’s ability to perform a major life activity is limited compared to most people in the general population. An impairment need not prevent, or significantly or severely restrict an individual from performing a major life activity to be substantially limiting. Mitigating measures, other than ordinary eyeglasses and contact lenses, should not be taken into account in determining if an impairment is substantially limiting.

An impairment that is episodic or in remission is a disability if it would significantly restrict a major life activity when active.

In order for your Sedgwick CMS Leave Specialist to make an approval determination with the first medical certification that is received, your Health Care Provider must specify that your child 18 or over is incapable of self care because of a mental or physical disability at the time your leave is to commence.



## **Coverage for children 18 and over**

Use the following questions for your own initial determination that your requested leave would qualify under the FMLA (see the checklists below):

- 1) Does your child over 18 have a physical or mental impairment?
- 2) Does the impairment substantially limit one or more of the major life activities?
- 3) Is your child incapable of self-care?
- 4) Does your child need assistance with three or more of the activities of daily living or the instrumental activities of daily living?

If you answered "yes" to all of the questions above it is possible that your leave will qualify under the FMLA.

Please provide this form to the Health Care Provider who is completing the Medical Certification and ask him/her to fill out this form and return it with the Medical Certification.

It is important to understand that Sedgwick CMS is unable to accept incomplete or insufficient certification forms when leave has been requested for a child 18 or over.

If insufficient information is received, Sedgwick CMS is required to seek clarification or authentication of the medical information provided on the form(s). This will delay the determination of your job protected leave.

If necessary, please contact your Sedgwick CMS Leave Specialist at <SedgwickOfficePhoneNumber>. Your Specialist will be able to assist with any additional specifics of having the Medical Certification completed sufficiently by your Health Care Provider.



Coverage for children 18 and over

Health Care Provider: Please complete this form and sign it in addition to the Medical Certification. In doing so, please do not disclose any genetic information. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Please check each activity with which the patient requires active assistance or supervision.

- Grooming Dressing Hygiene Bathing Eating Cooking
Cleaning Shopping Paying Bills Maintaining a residence
Using telephones Taking Public Transportation Using a post office
Other equivalent activity (specify)

Does the patient have an impairment which falls into one of the following categories? (answer yes or no and if yes, check each category that applies)

- a physiological disorder or condition
a cosmetic disfigurement
an anatomical loss affecting one or more body systems, such as neurological, musculoskeletal, special sense organs, respiratory, cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine
any mental or psychological disorder, such as intellectual disability, organic brain syndrome, or a specific learning disability

If you answered "yes" to the prior question, does the impairment limit one of the following activities of the patient (do not take into account ameliorative effects of mitigating measures other than ordinary eyeglasses or contact lenses)? (answer yes or no and if yes, check each category that applies)

- Bodily Functions Caring for one's self Performing Manual Tasks Seeing
Hearing Eating Sleeping Walking Standing Lifting Sitting
Reaching Bending Speaking Breathing Learning Reading
Concentrating Thinking Communicating Interacting with Others
Working Other major life activity (specify)

If you checked "bodily functions" in the preceding question, please indicate which bodily function(s) is limited:

- Immune System Normal Cell Growth Digestive Bowel Bladder
Neurological Brain Respiratory Circulatory Reproductive
Endocrine Hemic Lymphatic Special Sense Organs and Skin
Genitourinary Cardiovascular Musculoskeletal
Other bodily function (specify)

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_