



**Statement of Incapacity for  
Finances and Property**  
Wis. Stat. § 244.02(7)

Wisconsin Department  
of Employee Trust Funds  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

**Member (Patient) Information**

Name (first, middle, last, former/maiden)

Address (street, city, state, ZIP code)

ETF ID or Last 4 digits of SSN

Birth date (MM/DD/YYYY)

**Physician Information**

Physician's printed name (*as it appears on your medical license*)

Physician's address (street, city, state, ZIP code)

Specialty

Medical license number

Telephone, inc. area code

**Certification**

I hereby certify that I am the personal physician of \_\_\_\_\_.

I am aware of the patient's current condition and I have personally examined this individual.

I have determined that this individual is unable to manage property, finances, or business affairs because of an impairment in the ability to receive and evaluate information or make or communicate decisions even with the use of technological assistance.

Physician's signature

Date (MM/DD/YYYY)

