Application for ACCIDENT BENEFITS

Failure to complete this form in its entirety or provide itemized bills may result in a delay in processing this claim.

If your policy includes the Short-Term Disability Income rider or Loss of Time benefits, please contact our claims department at the number listed above to obtain the required claim forms.

Direct any questions to our claims department at the phone numbers and address shown above.

First		Middle	Last					
Name of Policyowner					Policy no.(s)			
Street address Address		City		State	ZIP+4	☐ Check here if new address		
Addiess						Check here if hew address		
Social Security no.		Date of birth (MM/D		1	Phone no. ()		
2. Name of claimant (if other than P	First Policyowner)		Middle	Last		Date of birth / /		
3. Occupation					contact no. ()		
Name		Street address		City		State ZIP+4		
4. Employer								
5. Date your physician first treated	you (MM/DD/YYYY)	1 1	Other dates of	f treatment				
6. Date of the accident (MM/DD/YYY	Y) / /	Time of day	□ a.	m. 🔲 p.m.				
7. Did the accident happen at work	? 🗌 Yes 🔲 No	Please prov	ide a copy of t	he accident	report.			
8. Please provide a brief description	n of the accident							
-								
9. This claim form must be accor	•	mized bill (showing	date of service	, diagnosis a	nd procedure co	odes).		
Please check benefit(s) you ar	e applying for:							
☐ Ambulance (Air or Ground)	☐ Accident Emer	rgency Treatment	☐ Applia	ance	☐ Blo	od/Plasma/Platelets		
☐ Burn	☐ Dislocation		☐ Emer	gency Dental	Work □ Em	nergency Room Treatment		
☐ Eye Injury	☐ Follow-up Trea	atment	☐ Guns	hot Wound	□ Loc	dging (lodging bill, companion name)		
☐ Hospital Confinement	☐ Laceration		☐ Major	Diagnostic E	xam 🗆 Ph	ysician's Office Visit/Urgent Care		
☐ Prosthetics	☐ Physical Thera	ару	□ Trans	portation	☐ Oth	ner		
Your policy may not include all o	f the benefits option	ns listed above. Ple	ase consult you	ır policy langı	uage for provision	ons and policy-specific benefits.		
10. If you are applying for Accidenta	al Death or Commo	on Carrier benefits,	please provide:	1) certified de	eath certificate a	nd 2) motor vehicle or police report.		

FRAUD NOTICES

Unless specific state language is provided below for your state of residence, the following general fraud notice applies.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

AL RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Continued on page 2

FRAUD NOTICES (continued)

AR, DC, LA, MA, RI RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

AZ RESIDENTS: For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CA RESIDENTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO RESIDENTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FL RESIDENTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

KS RESIDENTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime as determined by a court of law and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

KY RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person, files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MD RESIDENTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly or willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

ME, TN, VA, WA RESIDENTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MN RESIDENTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NC RESIDENTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may also be subject to a substantial civil penalty where and to the extent allowed by state law.

NH RESIDENTS: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information, is subject to prosecution and punishment for insurance fraud.

NJ RESIDENTS: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NM RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

NY RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH RESIDENTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK RESIDENTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR RESIDENTS: Any person who knowingly and with intent to defraud an insurance company or any other person presents a false claim for payment of a loss or benefit may be guilty of insurance fraud and subject to civil fines and criminal penalties. If such misinformation is material to the content of the contract, relied upon by the insurer and either material to the risk assumed by the insurer or provided fraudulently, such action may also lead to denial of insurance benefits.

PA RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VT RESIDENTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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I hereby certify the statements above are complete and accurate to the best of my knowledge.

Signature of Policyowner	Date (MM/DD/YYYY)	1	1	
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