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APPLICATION FOR DISABILITY BENEFITS

(To Avoid Delay, Please Answer **All** Questions)

**Form Must be Completed in Full
 to Process Benefits**

Policy Number: _____

Policy Name: _____

Class No: _____

PART I – CLAIMANT’S REPORT

1. Claimant’s Full Name (last, first, middle)	2. Social Security Number - -	3. Gender _M _F	4. Birthday _ / _ / _	5. E-Mail
6. Claimant’s Address (street, city, state, zip) and Best Contact Phone Number (include area code)				
7. Occupation	8. Date of Accident	9. Place Where Accident Occurred:		
10. Nature of Injury (Indicate Part of Body Injured – broken arm, sprained ankle, etc.)				
11. Describe How Accident Occurred – Give Complete Details of this Incident				
12. Date First Treated for this Injury	13. Have you ever had the same or a similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Name and Address of Physician				
I hereby authorize any hospital, physician, or other person who has examined or attended me to disclose when requested to do so, all information with respect to any injury, treatment, policy coverages, medical history, consultations or prescriptions, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.				
15. Signature				16. Date

PART II – POLICYHOLDER’S STATEMENT

1. Last Day Worked	2. Occupation at Time of Injury		
4. Did Accident Occur During the Course of Employment <input type="checkbox"/> Yes <input type="checkbox"/> NO			
5. Signature of Policyholder Representative	6. Title	7. Date	

PART III – ATTENDING PHYSICIAN’S STATEMENT

1. Diagnosis and Concurrent Conditions use ICD-9/10 code(s) or give name(s)		2. Is this condition due to injury arising out of patient’s employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Date Symptoms First Appeared		4. Date Patient First Consulted You for this Condition	
5. Has Patient ever had Same or Similar Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, when and describe)			
6. Name, Address, and Best Contact Phone Number of Referring Physician			
7. Is Patient Totally Disabled (unable to work)? If so, indicate the date(s) the patient is totally disabled.		8. Is Patient Partially Disabled? If so, indicate the date(s) the patient is partially disabled.	
From: _____ Through: _____		From: _____ Through: _____	
9. If Still Disabled, Date Patient Should be Able to Return To Work		10. Is Patient Still Under Your Care for this Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Physician’s Best Contact Phone and Fax Numbers (include area code) and E-Mail Address			
12. Physician’s Address (street, city, state, zip)			
13. Physician’s Name (Printed)	14. Physician’s Signature	15. Date	

*Every 4 weeks we will request an update on your disability status from your physician. This is required in order to prevent a delay in payment.

By entering your name above, you are signing this claim form electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this claim form.

FRAUD WARNING NOTICES

Any person who knowingly presents a false or fraudulent claim for payment of 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.

Alabama	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.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	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.
Arkansas Louisiana	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.
California	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.
Colorado	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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Connecticut	This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.
Delaware Idaho	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer, for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Hawaii	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	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.
Maine	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 denial of insurance benefits.
Maryland	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Michigan North Dakota South Dakota	Any person who knowingly and with intent to defraud any insurance company or another 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 and subject the person to criminal civil penalties.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
Nevada	Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both and may be subject to civil penalties.
New Hampshire	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 as provided in RSA 638:20.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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.
New York	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 material 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.
Ohio	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.
Oklahoma	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.
Oregon	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
Pennsylvania	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.
Rhode Island West Virginia	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.
Tennessee Virginia Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Texas	Any person who knowingly presents a 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.
Utah	Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison. Utah Workers Compensation claims only.