

CRITICAL ILLNESS CLAIM

Claimant's Statement

(Please print – Attach separate sheet if additional space required)

INSURED INFORMATION

Insured's Name _____ Date of Birth ____/____/____
 Insured's Social Security Number _____ Gender Male Female
 Insured's Address _____
 Policy Number _____ Phone Number _____ Social Security Number _____

CLAIM INFORMATION

Specify which Critical Illness you are claiming:

<input type="checkbox"/> Alzheimer's Disease	<input type="checkbox"/> Carcinoma in Situ	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Parkinson's Disease
<input type="checkbox"/> ALS	<input type="checkbox"/> Coma	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Permanent Paralysis
<input type="checkbox"/> Benign Brain Tumor	<input type="checkbox"/> Coronary Artery Bypass	<input type="checkbox"/> Major Organ Failure	<input type="checkbox"/> Skin Cancer
<input type="checkbox"/> Blindness	<input type="checkbox"/> Deafness	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Stroke
<input type="checkbox"/> Cancer	<input type="checkbox"/> Kidney Failure (ESRD)	<input type="checkbox"/> Occupational HIV	<input type="checkbox"/> Other

Additional Child Diseases:
 Cerebral Palsy Congenital Birth Defect(s) Cystic Fibrosis Down Syndrome

Describe condition or illness: _____
 Date first seen for this condition ____/____/____ Confirmed Diagnosis Date ____/____/____
 Diagnosis confirmed by _____ (physician's name)
 Have you been treated for a same or similar condition in the past? Yes No If Yes, when? _____
 Have you been hospitalized for this condition? Yes No If Yes, please list first hospitalization related to this Critical Illness:
 Hospital Name, City _____ Phone _____
 Dates confined _____ Attending Physician Name _____

CLAIMANT INFORMATION

Claimant Name, if different than insured _____ Date of Birth ____/____/____
 Relationship to Insured (spouse, dependent, other) _____ Gender Male Female
 Claimant Address, if different than Insured _____

In what capacity are you making this claim? Insured Claimant Beneficiary Guardian* Assignee* Other

*Please provide a certified copy of all documents supporting your authority (e.g., Letters of Administration, Guardianship, Power of Attorney, etc.)

INFORMATION TO SUBMIT WITH THIS CLAIM FORM SHOULD INCLUDE PHYSICIAN OFFICE VISIT NOTES AND/OR DIAGNOSTIC TESTING RESULTS WHICH DEMONSTRATE THE DATE THE DEFINITIVE DIAGNOSIS WAS MADE. FAILURE TO INCLUDE THIS INFORMATION WILL DELAY PROCESSING OF YOUR CLAIM.

I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud under any state and/or federal law having jurisdiction.

SIGNED (Insured or authorized person) _____ DATE ____/____/____

RETURN COMPLETED, SIGNED & DATED FORM ALONG WITH SUPPORTING DOCUMENTATION TO:

Administrative Concepts, Inc.
 P.O. Box 4000
 Collegeville, PA 19426-9000
 Toll Free Customer Service: (888) 293-9229
 Fax (610) 293-9299
 Email: aciclaims@acitpa.com

NOTICE TO POLICYHOLDERS

FRAUD NOTICE

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	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.
Delaware	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 or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.
Indiana	Any 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 an application for insurance 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.
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.
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 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.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
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.

NOTICE TO POLICYHOLDERS

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 makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each 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.
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.
Puerto Rico	Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
Rhode Island	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	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.
Virginia	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.

NOTICE TO POLICYHOLDERS

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.
NAIC Model	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.