

STATEMENT OF CLAIM FOR ACCIDENTAL DISMEMBERMENT BENEFITS

TO BE COMPLETED BY THE INSURED (Please answer all questions)

1. Insured's name (Print) _____
 Phone No. (area code and number) () _____ Age _____
2. Present Address _____
 (Number) (Street) (City) (State) (Zip)
3. When did the accident happen? Date _____ 20 _____ at _____ a.m.
 (Hour) p.m.
4. Where did the accident happen? City _____ State _____
5. Give a brief description of the accident _____

**I authorize the Physician to release any information requested with respect to this Claim.
 I certify that the information I furnished to support this claim is true and correct.**

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.

Date _____ 20 _____ Signed _____
(Insured Employee)

TO BE COMPLETED BY THE GROUP (Please answer all questions)

1. Insured's name _____ Certificate No. _____ Group No. _____
2. Branch No. _____ Sub Code No. _____
3. Amount of Accidental Dismemberment Benefit (Full) \$ _____ (Half) \$ _____ Issue Date _____ 20 _____
4. If this coverage has been canceled, give the date and reason _____
5. (a) Date last worked _____ 20 _____
 (b) Date returned to work _____ 20 _____
6. Has this claim been considered in connection with workers' compensation coverage? Yes No
 If "Yes," what is the present status of the compensation claim? _____
7. Give any information which might assist the Company in the consideration of this claim _____

8. Please attach (a) copy of your accident report and any newspaper clippings giving details of the accident.
 (b) copy of this insured's insurance record cards.

Date _____ 20 _____

Group _____
(Name and Address) (Phone - Area Code & No.)

Signed By _____ Title _____