

ACCIDENT INSURANCE CLAIM FORM

MAIL OR FAX YOUR CLAIM TO US AT:
300 SW ADAMS ST, PEORIA IL 61634
FAX 1-309-673-8137

Policy Number _____ Claim Number _____ Date _____

CLAIMANT'S INFORMATION

Name _____ LAST _____ FIRST _____ MI _____ DOB _____

Male Female Single Married Relationship to Policyowner: Self Spouse Dependent
 Check if dependent is full-time student

POLICYOWNER'S INFORMATION

Name _____ LAST _____ FIRST _____ MI _____

Address _____ STREET OR PO BOX _____ CITY _____ STATE _____ ZIP CODE _____

Home Ph. (_____) _____ Employer's Ph. (_____) _____

ACCIDENT INFORMATION

Date of accident ____/____/____ Was this a work related accident? Yes No

Date of INITIAL medical treatment ____/____/____

Accident description: _____

REQUIRED DOCUMENTATION

- Submit bills related to this claim such as ambulance, physician visits, physical therapy, etc. All bills should be itemized and include the diagnosis, services rendered and actual charges for the service.
- If you were treated in the emergency room, also submit a copy of the emergency room report.
- If surgery was performed, submit a copy of the operative report.
- If confined to the hospital and/or intensive care unit, submit a copy of your hospital bill showing the diagnosis, charges incurred and the number of days confined in the hospital and/or intensive care unit.
- If the claimant is deceased as a result of this accident, please include a certified copy of the death certificate.
- **SIGNED & DATED CLAIM FORM (see reverse side) AND CLAIM AUTHORIZATION.**

SUPPLEMENTAL BENEFITS

If you wish to file a claim under any of your supplemental benefits, please mark the applicable box and follow the additional instructions.

- Sickness-Hospital Confinement Rider – Submit a hospital bill which includes days confined and a diagnosis.
- Catastrophic Accident Rider – Submit your physician’s letter of verification after the expiration of the elimination period.
- Off Job Accident Only Disability Rider – Complete the required section below.

Off Job Accident Only Disability Section – (Required to complete if selected above)

Please answer the following questions if you purchased the Off Job Accident Only Disability Rider and are filing a claim for these benefits due to lost time from work.

Because of this accident, what was the last date you worked? Date _____

Employer Name and Address _____

Occupation _____

When did you first return to work? Part Work _____ Full Work _____

I am claiming Total Disability from ____/____/____ to ____/____/____

I am claiming Partial Disability from ____/____/____ to ____/____/____

Notice: Your signature and date on this form indicates that you acknowledge the fraud warning applicable in your state as indicated on the attached page.

CLAIMANT’S SIGNATURE (if minor parent must sign)

RELATIONSHIP, IF NOT POLICYOWNER

DATE

GENERAL FRAUD STATEMENT: 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.

For residents of 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.

For residents of 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.

For residents of 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.

For residents of Arkansas, Louisiana, Rhode Island, and 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.

For residents of 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.

For residents of 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 from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.**

For residents of 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.

For residents of 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.

For residents of 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.

For residents of Georgia: 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, may be guilty of a crime and may be subject to fines and confinement in prison.

For residents of Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

For residents of 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.

For residents of Kansas: 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, may be guilty of insurance fraud as determined by a court of law.

For residents of 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.

For residents of 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 a denial of insurance benefits.

For residents of 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.

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

For residents of 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 N.H. Rev. Stat. Ann. § 638:20.

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

For residents of 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.

For residents of 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 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.

For residents of 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.

For residents of 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.

For residents of Oregon: 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, may be guilty of a crime and may be subject to fines and confinement in prison.

For residents of 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.

For residents of Tennessee, Virginia, and 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.

For residents of 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.

Underwritten by: Illinois Mutual Life Insurance Company
Home Office 300 S.W. Adams Street Peoria, IL 61634 Phone 309.674.8255