Welcome to

ADVANTAGE GROUP

ATTENTION:

Completed claim forms should be emailed, faxed, or mailed to:

policySVC@advantagegroupga.com
fax (715) 241-5375
510 Alderson St
Schofield, WI 54476

Please fill out the attached Wellness Claim Form

Wellness benefits are payable on the following health screening tests is performed at least 31 days after the effective date of the policy:

- Blood Test for Triglycerides
- Bone Marrow Testing
- Breast Ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-Ray
- Colonoscopy
- Fasting Blood Glucose Test
- Flexible Sigmoidoscopy
- Hemocult Stool Analysis
- Mammography
- PSA (blood test for prostate cancer)
- Pap Smear
- Serum Cholesterol Test
- Serum Protein Electrophoresis
- Stress Test
- Thermography

Need Assistance?

Contact our Claims Department:

policySVC@advantagegroupga.com
(844) 441-5372 ext 100

Office Hours: Monday through Thursday 8-4, Friday 8-12

ILLINOIS MUTUAL®
Life Insurance Company
300 S.W. Adams Street Peoria, IL 61634
800.437.7355

WELLNESS BENEFIT CLAIM FORM

MAIL, EMAIL OR FAX YOUR CLAIM TO US AT:
300 SW ADAMS ST, PEORIA IL 61634
CLAIMS@ILLINOISMUTUAL.COM
FAX 1-309-673-8137

Policy Number _____ Date _____

CLAIMANT'S INFORMATION

Name _____ DOB _____
LAST FIRST MI

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. (____) _____ Cell Ph. (____) _____ Email _____

Benefits are payable when one of the following health screening tests is performed at least 31 days after the Effective Date of the Wellness Benefit Rider. The Wellness Benefit is payable only once per calendar year, and for only one Covered Person under the Policy to which the Rider is attached. Please check the appropriate box and complete the test information below.

WELLNESS SCREENINGS	
☐ Blood test for triglycerides	☐ Flexible Sigmoidoscopy
☐ Bone marrow testing	☐ Hemocult stool analysis
☐ Breast ultrasound	☐ Mammography
☐ CA 15-3 (blood test for breast cancer)	☐ PSA (blood test for prostate cancer)
☐ CA 125 (blood test for ovarian cancer)	☐ Pap smear
☐ CEA (blood test for colon cancer)	☐ Serum cholesterol test
☐ Chest X-ray	☐ Serum Protein Electrophoresis
☐ Colonoscopy	☐ Stress test
☐ Fasting blood glucose test	☐ Thermography

TEST INFORMATION

Date of wellness screening _____ Provider Name _____

Provider Address _____ Provider Phone Number _____

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 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.

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