

Instructions

Please complete this side of the form and have your doctor complete the Attending Physician's Statement.

Claimant's Statement

Name		Policy No.(s)	
Address		City	State ZIP
Telephone No. ()		Date of Birth MM/DD/YYYY	

Part 1 – If you have NOT returned to work, complete this section.

- Are you currently totally disabled? yes no (If no, please complete Part 2 below).
- Please explain how your symptoms/medical condition continues to prevent you from working:

- When do you expect to be able to return to work full-time _____ part-time _____
- Please provide the name, address and date seen of any other doctor or therapist who has treated you in addition to your attending physician. Also, if you've been hospitalized in the past 12 months, please provide the name and address of the hospital and the date admitted.

- Please indicate if you have **applied** for any of the following benefits:
 Worker's Compensation Social Security Railroad Retirement Date Applied _____
- Please indicate if you are **receiving** any of the following benefits:
 Worker's Compensation Social Security Railroad Retirement Date Approved _____

Part 2 – If you HAVE returned to work, or PLAN to return to work, please complete this section.

- Date of full-time work _____ part-time _____
- Is this your regular occupation? yes no
 - Please explain your current work activities, including the number of hours worked per week:

 - When do you expect to be able to work full-time? _____

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, submits a statement of claim or any application form containing any material false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime. Such actions may be considered felonies and subject to criminal and civil penalties, including imprisonment and fines. (See pages 3 and 4 for your specific state language.)

X _____
Signature Date MM/DD/YYYY

Fraud Statements

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.
California	For your protection California Law requires the following to appear on this form: 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.
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.
DC Residents Washington	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 subject.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.
Indiana	Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or files a statement of claim containing any materially false or 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.
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.
Minnesota	A person who files a claim with intent to defraud or helps commit fraud against an insurer is guilty of a crime.
New Jersey	Any person who knowingly files a statement of a claim containing any false or misleading information is subject to criminal and civil 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 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 stated value of the claim for each such violation.
Oregon	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
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.
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	Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.