

**Instructions:**

The Accident and Critical Illness policies provide one Wellness Benefit per calendar year per covered person from the list of covered benefits. The Cancer policy provides one Cancer Screening Benefit per calendar year per covered person from the policy list of covered benefits. See policy for details of covered items and services. Only tests and procedures listed in the policy are eligible for benefit payment.

Complete a separate form for each family member and date of service. Complete all applicable sections. You must include the name of the provider of service, the type of service and the date of service. Submit this form to the address, fax number or e-mail address stated at the bottom of this form.

**Note:** Some policies do not contain the Wellness Benefit.

Insured Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 Employee Phone number \_\_\_\_\_ E-Mail address \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Employer Name \_\_\_\_\_

**Claimant Information**

This claim is for: Name \_\_\_\_\_  Self  Spouse  Dependent  
 Claimant Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Provider Name \_\_\_\_\_ Provider Address \_\_\_\_\_  
 Date of service \_\_\_\_\_ Provider phone number \_\_\_\_\_

I am making a claim for:

**Accident Wellness Benefit \***  **Critical Illness Wellness Benefit**  **Cancer Screening Benefit**

\* Not Available in CO, CT, IN

Following are the list of covered benefits per policy. Please indicate which test received.

**Wellness Benefits (Accident and Critical Illness Policy)**

<input type="checkbox"/> Cardiac exercise stress test	<input type="checkbox"/> CEA (blood test for colon cancer)	<input type="checkbox"/> Serum protein electrophoresis
<input type="checkbox"/> Fasting blood glucose test	<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> Carotid doppler
<input type="checkbox"/> Blood test for lipids, including total Cholesterol, LDL, HDL and triglycerides	<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Electrocardiogram
<input type="checkbox"/> Breast ultrasound or mammography	<input type="checkbox"/> Flexible sigmoidoscopy	<input type="checkbox"/> Echocardiogram
<input type="checkbox"/> CA15-3(blood test for breast cancer)	<input type="checkbox"/> Hemocult stool analysis	<input type="checkbox"/> Annual gynecological exam
<input type="checkbox"/> CA125(blood test for ovarian cancer)	<input type="checkbox"/> Pap smear	<input type="checkbox"/> Critical Illness policy(PA Only)
<input type="checkbox"/> PSA (blood test for prostate cancer)		

**Cancer Screening Benefits (Cancer Policy)**

<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> CA 125 test	<input type="checkbox"/> Chest x-ray	<input type="checkbox"/> Flexible sigmoidoscopy
<input type="checkbox"/> Mammogram **	<input type="checkbox"/> Pap smear	<input type="checkbox"/> Biopsy	<input type="checkbox"/> PSA
<input type="checkbox"/> CT scans or MRI scans	<input type="checkbox"/> BRCA testing	<input type="checkbox"/> Hemocult stool specimen	

\*\* For TN, see policy for mammography benefit.

Assurant Employee Benefits is the brand name for insurance products underwritten by Union Security Insurance Company.

**For your protection, the following disclosures are required by state law and are based on the state where you live:**

**If you live in the states of Alaska or Oregon, the following statement applies to you:**

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.

**If you live in the states of Arizona or New Jersey, the following statement applies to you:**

A person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**If you live in the states of Arkansas, Louisiana, Maryland, or Rhode Island the following statement applies to you:**

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.

**If you live in the state of California, the following statement applies to you:**

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.

**If you live in Colorado, the following statement applies to you:**

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.**

**If you live in Delaware, Florida, Idaho, Indiana or Oklahoma, the following statement applies to you:**

WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony. In Florida, it is a felony of the third degree.

**If you live in the District of Columbia, Tennessee or Virginia, the following statement applies to you:**

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.

**If you live in New Hampshire, the following statement applies to you:**

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.

**If you live in New York the following statement applies to you:**

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 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.

**If you live in Minnesota, the following statement applies to you:**

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

**If you live in Texas, the following statement applies to you:**

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.

**If you live in a state other than mentioned above, the following statement applies to you:**

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.