Helpful Hints

LIMITED BENEFIT HOSPITAL INDEMNITY POLICY PATIENT'S CLAIM FORM

Failure to complete the required sections may result in a delay in processing this claim.

We value you as a policyowner and want to make the process of filing a claim as fast and as simple for you as possible. To assist you with the process, we are providing these instructions:

HOW TO COMPLETE THE CLAIM FORM

• Sections A and B: Policyholder and Patient Information – Complete these sections and be sure to sign
• Section C: Physician Information – to be completed by your doctor, dated and signed

SUPPORTING DOCUMENTATION

If applicable, failure to submit required documentation may result in delay in processing this claim.

• Court Order Responsibility
• Power of Attorney or Guardianship paperwork

IMPORTANT – TO GET FAST CLAIM SERVICE BE SURE TO:

• LIST ALL POLICY/CERTIFICATE NUMBERS
• ANSWER ALL QUESTIONS
• PATIENT SIGNS THE AUTHORIZATION
• SEND COPIES OF ALL BILLS COVERED BY YOUR INSURANCE

WHERE TO SUBMIT CLAIMS

Mail all LIMITED BENEFIT HOSPITAL INDEMNITY POLICY Claims to:

Bankers Life and Casualty Company
PO Box 1936
Carmel, IN 46082-1936

Phone calls can be directed to (800) 621-3724

THREE COMMON REASONS WHY CLAIMS ARE DELAYED

1. Missing assessments or other required supporting documentation
2. Claim form not completed in its entirety – a response or "N/A" must show in each box
3. Policy/Certificate numbers not included on the claim form and/or other supporting documentation
LIMITED BENEFIT HOSPITAL INDEMNITY POLICY CLAIM FORM

Failure to complete the required sections may result in a delay in processing this claim.

SECTION A: POLICYOWNER INFORMATION
LIST ALL BANKERS LIFE AND CASUALTY COMPANY POLICY/CERTIFICATE NUMBERS

<table>
<thead>
<tr>
<th>NO.</th>
<th>NO.</th>
<th>NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST NAME</td>
<td>FIRST NAME</td>
<td>MIDDLE INITIAL</td>
</tr>
<tr>
<td>Birth Date</td>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Check box if this is a new permanent address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

SECTION B: PATIENT INFORMATION
LAST NAME | FIRST NAME | MIDDLE INITIAL |
| Primary or Family Physician's Name | Birth Date | Phone Number |
| Phone Number | Fax Number |
| Address | City | State | Zip |
| Date you first became ill | Date you first saw any doctor for this condition |
| Date of Accident | If accident, how did it happen? |

IF FILING FOR BENEFITS OTHER THAN HOSPITAL INDEMNITY, PLEASE CHECK THE CORRECT BOX BELOW

<table>
<thead>
<tr>
<th>Hospital Emergency Room Indemnity Benefit</th>
<th>Durable Medical Equipment</th>
<th>Ambulance Service Benefit</th>
<th>Skilled Nursing Facility Benefit (If Skilled Nursing Benefit Complete Section C of Claim Form)</th>
</tr>
</thead>
</table>

I authorize the release of any medical information necessary to process this claim and also certify that the above information is correct to the best of my knowledge and belief.

IMPORTANT
PLEASE SIGN SIGNED (Patient) DATE

SIGNED (Policy owner/Guardian/Power of Attorney) DATE

SECTION C: PHYSICIAN CERTIFICATION
PRIMARY CONDITION(S) CAUSING LOSS
NAME AND ADDRESS OF PHYSICIAN WHO FIRST TREATED FOR THE PRIMARY CONDITION:
Date of first treatment: 

Is the care you are recommending medically necessary? Yes No

Recommended level and frequency of care
DATES: FROM / / TO / / 

Skilled Services: RN LPN Occupational Therapy Physical Therapy Speech Therapy His/Day Days/Week Number Of Weeks

Physician's Name

Physician's Signature

Address

Phone Number ( ) Fax Number ( )
AK / DE residents: 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.

AZ residents: 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.

AR residents: 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.

CA residents: 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.

CO residents: 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: 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, the insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

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

IN: A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

KY: 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.

LA residents: 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.

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

NM residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss of 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.

ME / TN / VA residents: 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.
NH residents: Any person who, with the 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.

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

NY residents: 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 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.

OH/OR residents: 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.

OK residents: 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.

PA residents: 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.

PR residents: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars no more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

All other states residents: Any person who knowingly and with intent to defraud any insurance company that submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, may be committing a crime which is subject to criminal and civil penalties.