

WHEN YOU NEED TO FILE A CLAIM UNDER YOUR MEDICARE SUPPLEMENT COVERAGE

Your claim should be filed with Medicare first. The insurance pays based on what Medicare pays. We can only determine your benefits when we know what Medicare has paid.

Medicare will send you an Explanation of Benefits Form (E.O.M.B.) showing what they paid. The E.O.M.B. you receive will either:

- A. Show that the claim already has been filed with Colonial Penn (if this occurs, you have nothing else to do); or
- B. Not show that the claim has been filed with Colonial Penn. If this occurs:
 - 1. Write your policy number on the E.O.M.B.
 - 2. Fill out the lower part of the "Mini" Medicare Supplement Claim form that is attached, sign it and mail to us with the E.O.M.B.

If further information is needed to service your claim, we will let you know.

HOW TO USE OUR INFORMATION SERVICE

If you have a question about a claim, or need more claim forms, write to:

Claim Review Department
Colonial Penn Life Insurance Company
PO BOX 1935
Carmel, IN 46082-1935

If you have any other questions about your health insurance, write to:

Policyholders Service Department
Colonial Penn Life Insurance Company
PO BOX 1938
Carmel, IN 46082-1938

When you write to us, please show all of your policy numbers.

MEDICARE SUPPLEMENT CLAIM FORM

A WORD ABOUT OUR "MINI" MEDICARE SUPPLEMENT CLAIM FORMS.

WE'VE DONE AWAY WITH THE DOCTOR'S PART AND ALL QUESTIONS WE DON'T NEED TO SERVICE SENIOR CITIZEN CLAIMS. IF FURTHER INFORMATION SHOULD BE NEEDED TO SERVICE YOUR CLAIM, WE'LL LET YOU KNOW.

HOW TO MAKE IT WORK FOR YOU

1. ANSWER THE QUESTIONS.
2. ATTACH THE EOMB (EXPLANATION OF MEDICARE BENEFITS) FORM (S) FOR PART B EXPENSE. THIS IS THE RECORD OF PAYMENT YOU RECEIVE WHEN MEDICARE PAYS ITS PART OF YOUR MEDICAL EXPENSE. MANY EOMBS HAVE MORE THAN ONE PAGE. BE SURE TO SEND ALL THE PAGES YOU GOT FROM MEDICARE.
3. MAIL TO:
**COLONIAL PENN LIFE INSURANCE COMPANY
PO BOX 1935
CARMEL, IN 46082-1935**

SOME FOLKS HAVE BEEN SAVING UP THEIR EXPLANATION OF MEDICARE BENEFITS FORMS. SENDING A GROUP OF FORMS TWO OR THREE TIMES A YEAR WORKS WELL FOR MOST FOLKS. THE MINI-FORM DOESN'T CHANGE THIS.

TO BE COMPLETED BY INSURED/PATIENT

1. LIST ALL COLONIAL PENN POLICY NUMBERS			SOCIAL SECURITY NUMBER
NO.	NO.	NO.	
2. PATIENT'S NAME		3. BIRTH DATE	
SIGNATURE _____ DATE _____			
ADDRESS _____			
CITY _____		STATE _____	ZIP _____
PHONE NO. _____			

IF ADDRESS IS NEW, PLEASE CHECK BOX

For your protection, the laws of several states require the following statement:

Fraud Warning: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

AK, 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.

DE Residents: 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.

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, an 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 any 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 any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

IN Residents: 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.

KY 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.

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.

ME 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.

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

NH Residents: 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 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.

NM 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 civil fines and criminal penalties.

NY Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application of 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 such violation.

OH 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.

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 may be guilty of insurance fraud.

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 intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

RI 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.

TN 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 include imprisonment, fines and denial of insurance benefits.

RI Residents: 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 prison.

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 include imprisonment, fines and denial of insurance benefits.

WA 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 include imprisonment, fines and denial of insurance benefits.

WV 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.