

ACCIDENT POLICY AND RIDER CLAIM FORM

PART ONE

Section A. General Instructions

- To prevent delays, please ensure all applicable sections of the form are completed and provide supporting documentation from your healthcare provider.
- Please review your policy for specific benefits covered under your plan.
- Claim forms and supporting documentation can be submitted via fax **(336) 464-2961** or email **suphealthclaims@lbig.com**. Emailing documents can facilitate in quicker claim processing.

Section B. Insured Information

FIRST	MI	LAST	POLICY NUMBER
STREET ADDRESS			DATE OF BIRTH
CITY	STATE	ZIP	PHONE NUMBER ()
EMAIL ADDRESS			

Section C. Covered Person or Dependent Incurring Accident or Injury

FIRST	MI	LAST	DATE OF BIRTH
RELATIONSHIP TO POLICYHOLDER			

Section D. Claimant Statement

DESCRIBE THE NATURE OF THE ACCIDENT AND HOW IT OCCURRED:

	DATE OF ACCIDENT
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- 1. Was the Covered Person or Dependent treated in an emergency room or urgent care facility as a result of this accident or injury?** Yes No

If yes, please submit the emergency room discharge paperwork.
- 2. Was the Covered Person or Dependent transported by an ambulance as a result of this accident or injury?** Yes No

If yes, please submit proof of the ground or air ambulance transport.

3. **As a result of the accident, is the Covered Person or Dependent deceased?** Yes No
 If yes, please provide a copy of the death certificate and any other supporting documentation.
4. **Please indicate by checking "Yes" below whether the Covered Person or Dependent suffered any of the following injuries or losses as a result of the accident and please provide supporting medical documentation. Please provide a copy of the itemized statement, HCFA 1500, or UB-04 form from your provider.**
- a. **Fracture**..... Yes No
 If yes, please list bone(s) fractured: _____
- b. **Dislocation**..... Yes No
 If yes, please list the joint(s) where dislocation occurred: _____
- c. **Burn**..... Yes No
 If yes, please indicate severity of burn (i.e. 2nd degree, 3rd degree, etc.): _____
- d. **Laceration requiring repair by stitches, sutures or staples**..... Yes No
- e. **Eye Injury**..... Yes No
 Eye surgery or removal of foreign object _____
- f. **Dismemberment**..... Yes No
 If yes, please indicate which body part was dismembered:
- | | |
|---------------|------|
| Finger or toe | Foot |
| Eye | Arm |
| Hand | Leg |
- g. **Travel Companion Benefit**..... Yes No
 Lodging for Travel Companion during hospital confinement (hospital must be 50 miles from policy owner's primary address)
 Number of days (up to 10 per calendar year) _____
 If yes, please attach lodging receipts
- h. **Pet Boarding Benefit**..... Yes No
 Boarding for one or more pets during hospital confinement
 Number of days (up to 10 per calendar year) _____

PART TWO

Section A. Physician Information (if you need space to list additional providers, please use attached Provider Information sheet)

Treating Physician	Name: _____		
Address: _____	City: _____	State: _____	ZIP: _____
Email: _____	Telephone: _____	Fax: _____	
Hospital Admission	Yes No		
Treating Hospital: _____			
Address: _____	City: _____	State: _____	ZIP: _____
Telephone: _____	Admission date: ____ / ____ / ____	Discharge date: ____ / ____ / ____	

PART THREE

Section A. Acknowledgment

I hereby certify that the information I have provided in support of this claim is complete and true to the best of my knowledge. I have read the fraud notice, applicable to my state, included with this form. Liberty Bankers Life Insurance Company and I agree that this document may be electronically signed.

Insured's Signature: _____ Date: _____

Signature of
Covered Person
or Dependent

Incurring Accident: _____ Date: _____

(Not required for minors under age

STATE FRAUD NOTICES

AK - 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.

AL - 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 is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

AR, CA, and RI - 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.

AZ - 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.

CO - 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 with 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 with the department of regulatory agencies.

DC - 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, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

DE - 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.

FL - 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 - Any person, who knowingly and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

IN - Any 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 - 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 and WV - 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, TN, VA and WA: 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 denial of insurance benefits.

MD - 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.

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

NH - 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 NH Rev. Stat. Ann. §638:20.

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

NM - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OH - 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 - 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 - 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.

TX - Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

All Other States - 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.