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Milwaukee WI 53201-3211

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For overnight delivery use 1100 West Wells Street, Milwaukee, WI 53233

Claimant's Statement for Disability Benefits

This form should be completed by the insured or a legal representative (guardian/POA agent), if the insured is incapable. To apply and expedite processing, **answer all questions fully and completely** or this form will be returned to the insured. Include a copy of the legal guardianship/POA papers, if applicable. Additional certification will be required. Contact Catholic Financial Life Claim Department if further assistance is needed.

List all names by which the insured may have been known, including maiden or hyphenated name or nickname, derivative form of first and/or middle name or an alias.

Insured's Name _____

Insured's Address _____ Date of Birth _____

City _____ State _____ Zip _____ Social Security # _____

Certificate Number(s) _____ Phone _____

1. Fully describe the nature and cause of your disability. _____

2. Date symptoms first appeared. Date _____
3. Date you became **totally disabled**, preventing you from doing your regular occupation.
Date _____
4. List your occupation, job title and duties at the time disability began. _____

 - a. Classify your occupation. Check one.
 - Sedentary (Sitting, walking and standing. Lifting objects 0-10 pounds.)
 - Light (Significant walking and standing. Frequent lifting/carrying objects 10-20 pounds.)
 - Medium (Lifting 25-30 pounds.)
 - Heavy (Lifting over 100 pounds.)
 - b. Name, address and phone of employer

Name _____ Phone _____

Street _____ City _____ State _____ Zip _____
 - c. Dates of Employment. From _____ To _____
 - d. Monthly earning at the time of disability. \$ _____
 - e. Years of education. _____
5. Are you current **totally disabled** from performing the duties of:
 - a. Your **own** occupation? Yes No If yes, date you expect to return to work. Date _____
 - b. Any **other type** occupation? Yes No If yes, date you expect to return to work. Date _____

(Continued)

6. Main physician(s) treating you for the conditions causing this disability. List your primary first.

Name	Address	Date(s) of Treatment	Nature of Treatment
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a. _____

b. _____

7. Hospital(s) or institution(s) where you have been treated or confined over the last two years **for your disability**.

Name	Address	Date(s) of Treatment	Nature of Treatment
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a. _____

b. _____

8. Other physicians you have consulted over the last two years, **not related to your disability**.

Name	Address	Date(s) of Treatment	Nature of Treatment
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a. _____

b. _____

9. Are you receiving or have you applied for any of the benefits listed below? Check all that apply.

a. Social Security* Check one: Disability Retirement Effective Date _____

*Include a copy of your Social Security Certificate of Award or Case Summary from the Office of Hearings & Appeals.

b. Worker's Compensation c. Disability Income (Federal, State or VA) d. Salary Continuation

e. Unemployment Compensation f. Other _____

10. List all other insurance from which you are receiving or have applied for disability benefits.

Company Name	Contract No.	Types of Benefits (Life or Disability income)
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a. _____

b. _____

Important: Complete the **Authorization to Obtain Medical Information** form (enclosed) and include with this Statement.

**Insurance fraud may or may not be a crime subject to civil and criminal penalties.
If you reside in a state listed below that fraud warning applies to you.
I have read the fraud warning for my current state of residence.**

I hereby attest that the above information is true and accurate to the best of my knowledge.

Insured's Signature _____ Date _____
(or Guardian or POA agent)



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State Fraud Warnings

Alaska: Any 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.

Arizona: For your protection Arizona state 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.

Arkansas: 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.

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: For your protection Colorado law requires the following to appear on this form. 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.

Delaware: 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.

District of Columbia: Warning: It is a crime to provide false or misleading information to any 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.

Florida: 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.

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

Indiana: 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.

Kentucky: 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.

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.

Maine: 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.

Maryland: 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.

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

New Hampshire: 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

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

New Mexico: 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.

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 be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Ohio: 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.

Oklahoma: 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.

Oregon: 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.

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.

Rhode Island: 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.

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.

Texas: 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.

Virginia: 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.

Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia: Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of crime and may be subject to fines and confinement in prison.
