



P.O. Box 3211
Milwaukee WI 53201-3211

414-273-6266 Telephone
414-223-3201 Fax
800-927-2547 Toll-Free
catholicfinanciallife.org

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

Individual Health and Disability Claim Statement

Covered Insured Information

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.

Name of ill or injured person _____

Address _____

Date of Birth _____

City _____ State _____ Zip _____

Social Security # _____

Certificate Number _____

Phone _____

Do you have more than one policy in force with Catholic Financial Life? Yes No

Date of first medical attention. Date _____

Present Physician Information

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Hospital Information

Date entered hospital Date _____

Hospital Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

For Sickness, answer the following questions

1. Name of sickness _____
2. Date symptoms first appeared Date _____
3. Describe the symptoms _____
4. List dates of any previous occurrences _____
5. Name of Attending Physician _____

For Accident, answer the following questions

1. Nature of Accident _____
2. Describe injuries _____
3. Date and time of accident Date _____ Time _____
4. Where did the accident occur? _____
5. How did the accident happen? Fully describe _____

(Continued)

Benefits for Loss of Time from Work, if your contract provides for these benefits answer the following questions

1. Employer's Name _____ Phone _____
Street _____ City _____ State _____ Zip _____
2. Date you ceased work. Date _____
3. Average monthly income. \$ _____
4. List your occupation, job title and duties at the time you were injured or sick.

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5. Are you currently confined to your residence? Yes No
 6. Have you returned to work? Yes No
If no, list approximate date you will be returning to work Date _____
What duties of your current job can you perform, if any? _____
-
-

Authorization to Pay Benefits to Physician

I hereby authorize any medical and/or surgical benefit payments to be made directly to a physician or medical facility, if any, otherwise to me for services, but not to exceed the reasonable and customary charges for those services. Yes No

**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.**

Contract owner's signature: _____
Address _____ Phone _____
City _____ State _____ Zip _____ Social Security # _____

Your request for benefits may be delayed, if all appropriate questions have not been answered completely.

Important: A Catholic Financial Life Authorization to Obtain Medical Information must accompany this form.



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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.
