



GROUP SHORT TERM DISABILITY (STD)

SUPPLEMENTARY STATEMENT OF CLAIM FORM

—Please Type Or Print Clearly In Dark Ink—

INSTRUCTIONS:

THIS FORM IS TO BE COMPLETED BY THE EMPLOYEE, EMPLOYER AND THE ATTENDING PHYSICIAN OR HEALTH CARE PROVIDER. BENEFITS ARE CONSIDERED ON A BI-WEEKLY BASIS SUBJECT TO RECEIPT OF REQUIRED PROOF OF MEDICAL EVIDENCE BY YOUR DOCTOR. TO AVOID DELAY, PLEASE RETURN THE COMPLETED FORM PROMPTLY. FOR QUESTIONS CALL 844-368-6485 (OPTION 2).

SEND FULLY COMPLETED FORM TO RENAISSANCE GROUP CLAIMS AT:

- BY MAIL: 2 Court Street, Suite 102, Binghamton, NY 13901
OR
- BY SECURE EMAIL: groupclaims@renaissancefamily.com
- BY SECURE FAX TO: 607-773-2276

SECTION I | TO BE COMPLETED BY EMPLOYEE

Full Name (Last, First, MI): _____

Claim Number: _____

Phone Number: _____

Street Address (Include Apt#/Suite): Please Check if Address has Changed

City: _____

State: _____

ZIP Code: _____

Has Your Doctor Discharged You From Care for this Disability? Yes No If Yes, Give Date (mm/dd/yyyy): _____

If No, Date of Next Appointment (mm/dd/yyyy): _____

Has Your Disability Terminated? Yes No If yes, Give Date (mm/dd/yyyy): _____

Date You Returned to Work (mm/dd/yyyy): _____

Full-Time Part-Time

OR if Still Disabled, Expected Date of Return (mm/dd/yyyy): _____

Full-Time Part-Time

Describe Your Present Daily Activities: _____

Are You Attending Physical Therapy? Yes No

Are You Participating in a Rehabilitation Program? Yes No

Employee Signature (Required): X

Date Signed (mm/dd/yyyy): _____

SECTION II | TO BE COMPLETED BY EMPLOYER OR PLAN ADMINISTRATOR

Has Employee Returned to Work? Yes No
 If Yes, Give Date (mm/dd/yyyy): _____ If No, What Date is the Employee Expected to Return to Work (mm/dd/yyyy): _____

If Not Returning, When Was This Employee Terminated (mm/dd/yyyy)?
 Did Employee Receive Any Payments as Part of a Termination OR Severance Agreement Yes \$ _____ No

Name of Person Completing This Form (Last, First, MI): _____ Title: _____

Employer Signature (Required): X _____ Date Signed (mm/dd/yyyy): _____

SECTION III | ATTENDING PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER STATEMENT

Patient's Name (Last, First, MI): _____ Date of Next Scheduled Appointment (mm/dd/yyyy): _____

Nature of Sickness or Injuries (Describe Complications, If Any): _____

If Disability is Caused by Pregnancy, Indicate Delivery Date (mm/dd/yyyy): _____ Type of Delivery: _____

Date of First Treatment (mm/dd/yyyy): _____ Date of Most Recent Treatment* (mm/dd/yyyy): _____

Frequency of Treatments : _____ Date of Surgery (mm/dd/yyyy): _____

Nature of Surgery/Treatment: _____ Date of Final Discharge (mm/dd/yyyy): _____

Dates of Total Disability (mm/dd/yyyy): From: _____ Through: _____
 Dates of Partial Disability (mm/dd/yyyy): From: _____ Through: _____

Date Patient Able to Return to Work (mm/dd/yyyy): _____ Full-Time Part-Time

Remarks (Failure to Provide this Information May Delay Future Benefits): _____

Name of Attending Physician, Physician Assistant, or Nurse Practitioner : _____ License Number: _____

Phone: _____

Street Address (Include Apt#/Suite): _____ City: _____ State: _____ ZIP Code: _____

X _____
 Signature of Attending Physician, Physician Assistant, or Nurse Practitioner Date Signed (mm/dd/yyyy): _____

—State Fraud Warnings on Following Pages—

Products Underwritten by Renaissance Life & Health Insurance Company of America and in New York by Renaissance Life & Health Insurance Company of New York



STATE FRAUD WARNING STATEMENTS: THE LAWS OF THE STATES BENEATH REQUIRE THE COMPANY TO PROVIDE THE FOLLOWING STATEMENTS

The laws of the states beneath require the Company to provide the following statements:

- 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 for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
- 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.
- AZ:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- AR, LA, RI 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.
- CA:** 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.
- 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 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.
- CT:** Any person who, with intent to defraud or knowing that he or she 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.
- 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.
- DC:** 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.
- 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 of claim containing any false, incomplete, or misleading information is guilty of a felony.
- IN:** A person who knowingly and with intent to defraud a insurer files a statement of claim containing an 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.
- MA:** 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.
- 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.
- ME:** 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:** 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 R.S.A. 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 an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
- NY:** 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 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:** 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: 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.
- 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.
- PR:** Any person who knowingly and with the intention of defrauding presents false information to 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 (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are [sic] 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.
- TN:** 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 or a denial of insurance benefits.
- TX:** 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.
- VA, 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 include imprisonment, fines and denial of insurance benefits.