



DENTAL · VISION · LIFE · DISABILITY

## EMPLOYER'S STATEMENT GROUP ACCIDENT FORM

—Please Type Or Print Clearly In Dark Ink—

Please provide complete and accurate information. Incomplete or inaccurate information may delay claims processing.

### SECTION I | EMPLOYEE/MEMBER INFORMATION

Employee/Member Name:		Group Number:	
Employee Address (Include Apt#/Suite):	City:	State:	ZIP Code:
Date of Birth (mm/dd/yyyy):	Social Security Number:		
Date of Employment (mm/dd/yyyy):	Date of Coverage (mm/dd/yyyy):		
Termination Date (If Applicable) (mm/dd/yyyy):	Last Day Actively at Work (mm/dd/yyyy):		
Date of Death (If Applicable) (mm/dd/yyyy):	Average Number of Hours Worked Per Week:		
Percentage of Premium Paid Per Payroll Period by Employee/ Member:		%	

Coverage:  Spouse Only  Spouse/Dependent(s)  Dependent(s) Only

Was Claimant Working for Pay or Profit When the Accident Occurred:  Yes  No If Yes, Was Accident Covered By Worker's Compensation?  Yes  No

### SECTION II | BENEFICIARY INFORMATION

#### COMPLETE ONLY IN THE EVENT OF AN ACCIDENTAL DEATH OF THE EMPLOYEE/MEMBER

— If More Room is Needed Attach a Separate Sheet with the Requested Information for Each Named Beneficiary—

1) Name of Beneficiary:	Social Security Number:	Phone Number:	
Relationship to Deceased:	Date of Birth (mm/dd/yyyy):		
Street Address (Include Apt#/Suite):	City:	State:	ZIP Code:
2) Name of Beneficiary:	Social Security Number:	Phone Number:	
Relationship to Deceased:	Date of Birth (mm/dd/yyyy):		
Street Address (Include Apt#/Suite):	City:	State:	ZIP Code:
3) Name of Beneficiary:	Social Security Number:	Phone Number:	
Relationship to Deceased:	Date of Birth (mm/dd/yyyy):		
Street Address (Include Apt#/Suite):	City:	State:	ZIP Code:

**SECTION III | SIGNATURE**

**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.  
I certify that to the best of my knowledge and belief, the above statements are true and correct.**

Employer's Name:

Complete Business Address:	City:	State:	ZIP Code:
Employer's Telephone Number:	Employer's Fax Number:		

Employer's Email Address:

<u>X</u> Signature of Authorized Person Completing this Form:	Date Signed (mm/dd/yyyy)
Print Name of Authorized Person Completing this Form:	Title

**For assistance In Completing This Form, Please Contact Group Claims:  
Telephone: 844-368-6485  
Fax: 607-773-2276  
Email: [GroupClaim@RenaissanceFamily.com](mailto:GroupClaim@RenaissanceFamily.com)**



*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:

- 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:** 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, 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 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.
- 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. 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.
- 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.