



ACCIDENTAL DEATH AND DISMEMBERMENT PROOF OF LOSS FORM

—Please Type Or Print Clearly In Dark Ink—

SECTION I | EMPLOYEE STATEMENT

Full Name (Last, First, MI):		Social Security Number:	
Phone Number:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Street Address (Include Apt#/Suite):	City:	State:	ZIP Code:
Where Did Injury Occur:	Date and Hour of Injury:		
Nature of Injury:	How Did Accident Happen:		

SECTION I.A | DEPENDENT INFORMATION (IF CLAIM FOR DEPENDENT)

Full Name (Last, First, MI):	<input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number:	
Street Address (Include Apt#/Suite):		City:	State: ZIP Code:
Phone Number:	Date of Birth:	Dependent's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	
Relationship to Employee:		Dependent's Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student	

SECTION I.B | TREATING PHYSICIAN(S):

Name of Physician(s) Consulted (Last, First, MI):	Date Consulted:
	Phone:
Name of Hospital(s) (Last, First, MI):	Date Admitted:
	Date Discharged:

SECTION I.C | WITNESSES ONE:

Full Name (Last, First, MI):	Phone:		
Street Address (Include Apt#/Suite):	City:	State:	ZIP Code:

X _____
 Signature of Witness (Required) Date Signed (mm/dd/yyyy)

SECTION I.D | WITNESSES TWO:

Full Name (Last, First, MI):	Phone:		
Street Address (Include Apt#/Suite):	City:	State:	ZIP Code:

X _____
 Signature of Witness (Required) Date Signed (mm/dd/yyyy)

SECTION II | EMPLOYER OR PLAN ADMINISTRATOR'S STATEMENT

Employee's Name <i>(Last, First, MI)</i> :	Policy Number:
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Employee's Address <i>(Include Apt#/Suite)</i> :	City:	State:	ZIP Code:
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Employee's Social Security Number:	Classification:	Occupation:
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Was He/She in Your Employment at Time Disability Began: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Insurance Coverage:
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Date of Employment <i>(mm/dd/yyyy)</i> :	Effective Date of Employee's Insurance <i>(mm/dd/yyyy)</i> :
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Termination of Insurance <i>(mm/dd/yyyy)</i> :	When Did the Employee Stop Work <i>(Date and Time)</i> : Date: _____ Time: _____
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Employee's Base Annual Compensation <i>(As Defined in the Policy)</i> :	Date Employee Return to Work <i>(mm/dd/yyyy)</i> : <i>(If Not Back to Work, Expected Return Date)</i> :
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Has Employee Made Claim For Workers' Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
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Did Injury or Illness Arise Out of or in the Course of Occupational Employment for Wages or Profit: Yes No

Name of Your Workers' Compensation Carrier: _____

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION PROVIDED ON THE NAMED EMPLOYEE IS ACCURATE.

X _____
Signature of Authorized Representative for Named Employer *(Required)* Date Signed

Print Name <i>(Last, First, MI)</i> :	Title:
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Name of Employer: _____

Business Address <i>(Include Apt#/Suite)</i> :	City:	State:	ZIP Code:
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SECTION III | ATTENDING PHYSICIAN. PHYSICIAN'S ASSISTANT, NURSE PRACTITIONER STATEMENT

Patient's Name (Last, First, MI):

Date of Birth:

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

Date Symptoms First Appeared or Date of Accident:

Date Patient First Consulted You for This Condition:

Nature of Surgical Procedure, if Any (Describe Briefly):

Date Performed:

Where Performed:

If in a Hospital: Inpatient Outpatient

Date of Treatment(s):

If disease, deformity, infirmity, or intoxicant was a contributing factor to either the accident or the injury, state how and to what extent? (Describe Briefly):

Have You Furnished a Similar Report to Any Other Insurance Companies: Yes No

(If Yes Please Give Names):

Please Complete This Section Where Applicable (If not Applicable, Please Leave Blank)

Is Loss of Vision, Hearing or Speech Total and Irrevocable:

Yes No

Remarks:

Is Loss of Thumb and Index Finger at or Above the Metacarpophalangeal Joint: Yes No

Remarks:

Is Loss of Hand or Foot at or Above the Ankle or Wrist Joint:

Yes No

Remarks:

X

Signature (Required)

Date Signed

Print Name (Last, First, MI):

License Number:

Business Address (Include Apt#/Suite):

City:

State:

ZIP Code:

—Please See Fraud Warnings on Back Page—



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.