reliancestandard
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

# Voluntary Accident Insurance (VAI)
# Voluntary Critical Illness (VCI)
# Wellness Benefit
## Proof of Loss Claim Statement

## HOW TO FILE THIS CLAIM

The Employee can file a claim by:

EITHER

1. Providing the required claim information to us online any time at www.RSLClaims.com.

OR

2. Taking steps A through D below to submit this physical claim form to us:
   - A. Complete all parts on pages 1 through 3. (Please print)
   - B. Print Employee name to the top of pages 2 through 3.
   - C. Sign and date the bottom of page 3.
   - D. Submit completed claim forms to us and any attachments by any of the methods listed on this claim form.

You can submit information to us at any time using the following methods:

| | |
|---|---|
| Email | Voluntaryclaims@rsli.com |
| Fax | 267-256-3518 |
| Mail | Reliance Standard Life<br>P.O. Box 7307<br>Philadelphia, PA 19101-7307 |

## EMPLOYEE INFORMATION

| | | | |
|---|---|---|---|
| Employee Name (*Last, First, Middle*) | Date Of Birth | | Social Security Number |
| Street Address | City | | Phone |
| | State | Zip | Email |
| Employer Name | Employer Phone Number | | VAI/VCI Policy Number |

## PATIENT INFORMATION (*If not the Employee*)

| | | |
|---|---|---|
| Name (*Last, First, Middle*) | Date Of Birth | Social Security Number |
| Relationship To Employee (*I.E. Spouse, Child*) | If the patient is your child and over 25, is the patient disabled?<br>☐ Yes ☐ No | |

## HEALTH CARE PROVIDER INFORMATION

| | | | |
|---|---|---|---|
| Health Care Provider Name | | Date of Treatment | |
| Street Address | City | State | Zip Code |

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Employee Name (*Last, First, Middle*)

HEALTH SCREENING TEST ADMINISTERED

Please Note: Not all benefits that are listed below are available under all policies. Consult the policy for additional information, including definitions.

☐ ALT/AST (liver function test)
Date Administered: (mm/dd/yyyy) _____

☐ Biopsy for cancer
Date Administered: (mm/dd/yyyy) _____

☐ Blood test for triglycerides
Date Administered: (mm/dd/yyyy) _____

☐ Bone density testing (DEXA scan)
Date Administered: (mm/dd/yyyy) _____

☐ Bone marrow testing
Date Administered: (mm/dd/yyyy) _____

☐ CA 15-3 (blood test for breast cancer)
Date Administered: (mm/dd/yyyy) _____

☐ CA 125 (blood test for ovarian cancer)
Date Administered: (mm/dd/yyyy) _____

☐ CEA (blood test for colon cancer)
Date Administered: (mm/dd/yyyy) _____

☐ Chest X-ray
Date Administered: (mm/dd/yyyy) _____

☐ Colonoscopy
Date Administered: (mm/dd/yyyy) _____

☐ Echocardiogram
Date Administered: (mm/dd/yyyy) _____

☐ Electrocardiogram
Date Administered: (mm/dd/yyyy) _____

☐ Fasting blood glucose test
Date Administered: (mm/dd/yyyy) _____

☐ Flexible sigmoidoscopy
Date Administered: (mm/dd/yyyy) _____

☐ Genetic tests
Date Administered: (mm/dd/yyyy) _____

☐ Hemoccult stool analysis
Date Administered: (mm/dd/yyyy) _____

☐ Hepatitis screening
Date Administered: (mm/dd/yyyy) _____

☐ Human Immunodeficiency Virus (HIV) screening
Date Administered: (mm/dd/yyyy) _____

☐ Mammography
Date Administered: (mm/dd/yyyy) _____

☐ Pap test
Date Administered: (mm/dd/yyyy) _____

☐ PSA (blood test for prostate cancer)
Date Administered: (mm/dd/yyyy) _____

☐ Serum cholesterol test to determine level of HDL and LDL
Date Administered: (mm/dd/yyyy) _____

☐ Serum Protein Electrophoresis (blood test for myeloma)
Date Administered: (mm/dd/yyyy) _____

☐ Skin cancer screening
Date Administered: (mm/dd/yyyy) _____

☐ Stress test
Date Administered: (mm/dd/yyyy) _____

☐ Ultrasound screening (please see policy)
Date Administered: (mm/dd/yyyy) _____

☐ Any other preventative health screening
*(Examples: Dental Exam, Immunization and Routine Physical*)
Name of Health Screening: _____
Date Administered: (mm/dd/yyyy) _____

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**Proof of Loss Claim Statement**

Employee Name (*Last, First, Middle*)

## DIRECT DEPOSIT AUTHORIZATION

I authorize Reliance Standard Life Insurance Company to send my payments to the Bank designated below for electronic deposit in my Account. I understand that I may terminate this arrangement at any time by writing to the address below.

| | |
|---|---|
| ☐Yes, I request that all approved benefits are provided via Direct Deposit<br>☐No, I request that all approved benefits are provided via physical check | Employee Email Address |
| | Type of Account: ☐Checking ☐Savings |
| Name of Bank (*Print*) | Bank Transit/Routing Number (*9 Digits*) |
| Address of Bank | Personal Account Number (*Or attach a voided check imprinted with your name*) |

## EMPLOYEE SIGNATURE

Any person who knowingly and with intent to injure Reliance Standard Life Insurance Company files a statement of claim or submits any information in conjunction with a claim containing fraudulent, false, misleading, incomplete or deceptive information commits a fraudulent insurance act, which is a crime. These actions will result in the denial of the claim, and are subject to prosecution under state and/or federal law. Reliance Standard Life Insurance Company will pursue any and all appropriate legal remedies arising from such fraudulent insurance acts.

| SIGNATURE OF EMPLOYEE | DATE | TELEPHONE NUMBER | EMAIL ADDRESS |
|---|---|---|---|
| | | | |

# IMPORTANT INFORMATION REGARDING APPLICATION FOR BENEFITS

**ALABAMA, ARKANSAS and 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.

**CALIFORNIA –** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO** — 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.

**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.

**KENTUCKY** — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**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.

**NEW JERSEY** — Any person who includes any false or misleading information on an application for an insurance policy 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** (health insurance only) — 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.

**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** – 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.

**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.

**PUERTO RICO** – Any person who knowingly and with the intention of defrauding presents false information in 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 dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be 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.

**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**, **WASHINGTON** — 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.

**VIRGINIA** — Any person who, with the 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 may have violated the state law.

**WASHINGTON, DC** — WARNING: It is a crime to provide false or misleading information to an 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.