



Symetra Select Benefits

Mailing Address: Symetra Select Benefits

PO Box 674419 | Houston, TX 77267-4419

Overnight deliveries to:

777 108th Avenue NE, Suite 1200 | Bellevue, WA 98004-5135

Phone 1-800-497-3699 | Fax (715) 682-5919

CLAIM FORM

Select Benefits

TO BE COMPLETED BY CERTIFICATEHOLDER *(See attached notice)*

Full name of Certificateholder (Please print)

Insured ID Number (found on card)

Address (Street, city, state, zip code)

Patient's name and address (Complete only if Patient is someone other than Certificateholder)

Patient's relationship to Certificateholder

☐ Spouse ☐ Child *birth date* ☐ Other

Name of Policyholder

Group number

When seeing a Provider, you have two options for filing a claim.

Option 1: Provider Submission – The more common way to submit a claim for benefits to Symetra is to present your Symetra Select Benefits ID card to your Provider. Ask your Provider to accept your assignment of benefits at the time of service and to bill our administrative office, Symetra Select Benefits, directly.

Note: The Provider is under no obligation to accept an assignment.

Option 2: Certificateholder Submission – If you paid your Provider at the time of service, or you did not assign your benefits, you may submit a claim via this form. In order to receive your benefits, you must:

1. Complete this form in its entirety. Return it to Symetra Select Benefits along with a copy of your itemized bill for services or a claim form given to you by your Provider (doctor's office, clinic, hospital or similar).

To be accepted as proof of loss/claim, an itemized bill or claim form *must contain all of the following information:*

- ☐ Patient name
- ☐ Provider name and address
- ☐ Diagnosis or ICD-10 code(s) (description of the medical condition)
- ☐ Procedure or CPT or revenue codes (indicates the services rendered)
- ☐ Charges
- ☐ Date(s) of service

2. An Authorization for Release of Medical Information form (Authorization) may be required for our use in the event we deem it necessary to contact the Provider to obtain proof of loss/claim due to incomplete or illegible information or other reason. If you receive an Authorization, it is because we do not have a current form on file for the Patient. Please sign and return the Authorization (if enclosed) with your proof of loss/claim.

Benefits are subject to eligibility at the time of service and to any coverage limitations that may apply. Proof of loss/claim satisfactory to Symetra Life Insurance Company is required before payment of benefits. Benefits can only be determined after receipt of proof of loss/claim; this form is not a guarantee of payment.

I, the undersigned Certificateholder, do certify that the information I have given is true, correct, and complete to the best of my knowledge. Further, I certify that I have read the attached fraud notice.

Signature of Certificateholder

Date

CLAIM FORM FRAUD WARNINGS

Please read the following notice that we are required by law to give to you.

For all states not named: Any person who, with intent to defraud or knowing he/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.

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.

AR, LA, RI, 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.

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.

CA: 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.

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.

DE: Any person who knowingly, and with intent to injure, defraud or deceive an 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 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.

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.

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.

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.

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 RSA 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. Any person who includes any false or misleading information on an application for an insurance policy 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: The following applies to 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.

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.

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, 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.

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.