

QCR Holdings Voluntary Wellness Benefits

YOUR POLICY HAS VALUABLE ANNUAL WELLNESS BENEFITS- MAKE SURE TO FILE YOUR CLAIMS

Make The Most of Your Benefits

If you have enrolled in the Critical Illness Plan with Assurity, the Cancer Plan with Prosperity or the Hospital Plan with MetLife, you can file an annual Health Screening or Wellness Benefit. By filing these claims each year you are able to collect monies and stay on top of your health by getting important checkups and health screenings. It is a win, win!!

Please see the attached pages for more information on how to file and which tests/screenings are eligible for claim.

Reach out to Supplemental Insurance Services for all your claim assistance and service throughout the year. We are happy to help!!

Information to Know

Critical Illness- $50 annual benefit per covered person

Cancer Plan- $50 or $75 annual benefit per covered person

Hospital Plan- $50 annual benefit per covered person

See next page for eligible tests under each plan!

SUPPLEMENTAL INSURANCE SERVICES

115 E Platt St
Maquoketa, IA 52060
563-652-6813

M-Th 8:30 to 4:30
F- 8:30 to 2:00

Eligible Tests for Claim Under the Critical Illness Plan

Plan pays for one screening per covered insured per calendar year

Health Screening Benefit Rider (Form No. R G1720C)

The Health Screening Benefit Rider pays a benefit when an insured person receives any of the services described below.

Eligible Persons: Employee, spouse and dependent children

Benefit Amount: $50 per calendar year for each insured person

Health Screening Services	
Biopsy for skin cancer	Flexible sigmoidoscopy
Bone marrow biopsy and aspiration	Hemocult stool analysis
Breast ultrasound	Mammography
CA 15-3 (blood test for breast cancer)	Pap smear
CA 19-9 (blood test for pancreatic cancer)	PSA (blood test for prostate cancer)
CA 125 (blood test for ovarian cancer)	Serum protein electrophoresis (blood test for Myeloma)
CEA (blood test for colon and cervical cancer)	Stress test (bicycle or treadmill)
Chest x-ray	Thermography
Colonoscopy	

Eligible Tests for Claim Under the Cancer Plan

Plan pays for one screening per covered insured per calendar year

Covered Person	Benefit Amount	Maximum Tests Per Covered Person Per Calendar Year
Employee	$50 or $75	1
Spouse	$50 or $75	1
Each Child	$50 or $75	1

Eligible Health Screening Tests include but are not limited to:

Biopsy for skin cancer	Colonoscopy
Blood tests for triglycerides	Doppler screening for carotids
CA15-3 (breast cancer)	Doppler screening for peripheral vascular disease
Annual examinations for adults	Echocardiogram
Aortic ultrasound	EKG
Blood test for triglycerides	Flexible sigmoidoscopy
Bone marrow testing	Hemoccult stool analysis
Bone density screening	HPV Vaccination
Breast MRI	Lipid panel (total cholesterol count)
Breast thermography	Mammography, including Breast Ultrasound
Breast ultrasound	Pap Smear, including ThinPrep Pap Test
CA 15-3 (blood test for breast cancer)	Serum Protein Electrophoresis (test for myeloma)
CA 125 (blood test for ovarian cancer)	Stress test on bike or treadmill
CEA (blood test for colon cancer)	Thermography
Bone Marrow Testing, Chest X-ray	Ultrasound screening for abdominal aortic aneurysm

Eligible Tests for Claim Under the Hospital Plan

Plan pays for one screening per covered insured per calendar year

The covered health screenings are:

biopsies for cancer	blood chemistry panel
blood test to determine total cholesterol	blood test to determine triglycerides
bone marrow testing	breast MRI
breast ultrasound	breast sonogram
cancer antigen 15-3 blood test for breast cancer (CA 15-3)	cancer antigen 125 blood test for ovarian cancer (CA 125)
carcinoembryonic antigen blood test for colon cancer (CEA)	carotid doppler
complete blood count (CBC)	chest x-rays
clinical testicular exam	colonoscopy
coronavirus testing	dental exam
digital rectal exam(DRE)	Doppler screening for cancer
Doppler screening for peripheral vascular disease	Echocardiogram
electrocardiogram (EKG)	electroencephalogram (EEG)
endoscopy	eye exam
fasting blood glucose test	fasting plasma glucose test
flexible sigmoidoscopy	hearing test
hemoccult stool specimen	hemoglobin A1C
human papillomavirus (HPV) vaccination	immunization
lipid panel	mammogram
oral cancer screening	pap smears or thin prep pap test
prostate-specific antigen (PSA) test	serum cholesterol test to determine LDL and HDL
serum protein electrophoresis	skin cancer biopsy
skin cancer screening/skin exam	stress test on bicycle or treadmill
successful completion of smoking cessation program	tests for sexually transmitted infections (STIs)
thermography	two-hour post-load plasma glucose test
ultrasounds for cancer detection	ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
virtual colonoscopy	Routine health check-up exam (annual physical exam)



Assurity®

Hello, Paperless Claims

Online wellness claim submission now available

Submit your Wellness Claim online

Policyholders may now submit claims for wellness benefits online through their **myassurity.com** account by following these simple steps:

How it Works

1. Register your policy on MyAssurity.com
2. Access the Claims drop-down menu and select Submit a Wellness Claim
3. Select the insured person for whom a claim for benefits is being filed
4. Provide information about the claim as prompted - provider, date of service, tests or services performed, etc.
5. Submit Claim- It's just that easy

Contact your Assurity representative to get started submitting your claims online.

800.869.0355 ext. 4484
claimsinfo@assurity.com

NOT AVAILABLE IN NEW YORK.
Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, NY. Product availability, features and rates may vary by state.

15-156-00003-19

Assurity®

Filing an Assurity Wellness/Screening Benefit Claim

The Assurity Wellness and Cancer Screening Benefits provide a benefit for certain wellness-type exams and procedures.

This document lists the forms and evidence required for submission of a claim for benefits. Additional information may be necessary to determine benefit eligibility and may require Assurity to order medical records. The required forms listed below can be accessed in the Customer Center on assurity.com or by contacting Assurity's Claims Department at **800-869-0355 Ext. 4484.**

Proof of claim may be required within 12 months of the time of loss. Assurity administers many different plans of insurance. Your policy may not include all of the benefits detailed below. Please consult your contract for specific benefits, definitions, provisions, limitations and exclusions.

Wellness Rider Benefits

Potential Benefit	Information Needed/Required Proof for Claim
• Wellness Benefit Rider • Annual Wellness Rider • Wellness Rider • Cancer Screening Benefit • Health Screening Benefit Rider • Preventive Care	1) For the quickest processing of a wellness/screening benefit, file the claim in the policy owner's MyAssurity.com account by following these simple steps: • Access the Claims drop-down menu and select Submit a Wellness Claim • Select the insured person for whom a claim for benefits is being filed • Provide information about the claim as prompted - provider, date of service, tests or services performed • Submit Claim; **or** 2) Assurity can accept wellness claims over the phone. Before calling to file a wellness claim, please compile the following information as it pertains to your wellness exam: the date of service, procedures and/or tests performed, amount charged and the name and contact information for your medical provider. Once you have the required information, file the claim by calling Assurity's Claims Department at 800-869-0355 Ext. 4484; **or** 3) Download the Wellness Screening form #01-057-02255F; this form may be printed and sent to Assurity by fax, email or mail; **or** 4) Provide an itemized bill detailing covered treatment or procedure; acceptable itemized bill must include the following: dates of service, diagnostic codes (ICD-9 or ICD-10), procedure codes (CPT) and amount charged. (HCFA 1500 form and/or UB-04 form obtained from medical provider should include all required information.) This document may be sent to Assurity by fax, email or mail.

If your contract includes benefits not described in this document or you have questions, please contact Assurity's Claims Department.

800-869-0355 Ext. 4484
claimsinfo@assurity.com

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.

Assurity®
Assurity® Life Insurance Company
Post Office Box 82533, Lincoln, NE 68501-2533
402-476-6500 | 800-276-7619 | FAX 800-869-0368

WELLNESS/ PREVENTIVE SCREENING

Policyowner's Name *First, Middle, Last*		Policy/Certification no.	
Address *Street address*	*City*	*State*	*Zip code +4*
Phone no. ( )	Social Security no.	☐ Male ☐ Female	Policyowner's date of birth *MM/DD/YYYY*

CLAIMANT INFORMATION

1. Claimant's name _____ 2. Date of birth _____ *(MM/DD/YYYY)*

3. Relationship to Policyowner _____

4. Name of medical provider _____ Phone no. ( ) _____

Address of medical provider _____

Your policy may not include all of the benefits listed below. Please consult your policy language for provisions and policy specific benefits. Some policies require proof of the amount charged for the services performed. This information can be obtained from the patient's healthcare provider(s) by requesting an itemized bill, HCFA 1500 non-hospital bill or a UB04 hospital bill. If proof of the amount charged is not provided when required by the policy, the claim may be delayed or denied. We will contact you if the itemized bill is required and not received.

5. Please indicate below which tests were performed. Date of test(s) _____ *(MM/DD/YYYY)* Amount charged $ _____

☐ Annual physical	☐ Bone marrow biopsy and aspiration	☐ Serum protein electrophoresis *(blood test for myeloma)*
☐ Pap smear	☐ PSA *(blood test for prostate cancer)*	☐ Serum cholesterol test to determine HDL and LDL levels
☐ Chest X-ray	☐ Blood test for triglycerides	☐ CEA *(blood test for colon and cervical cancer screening)*
☐ Colonoscopy	☐ Flexible sigmoidoscopy	☐ CA 125 *(blood test for ovarian cancer)*
☐ Mammography	☐ Stress test *(bicycle or treadmill)*	☐ CA 15-3 *(blood test for breast cancer)*
☐ Breast ultrasound	☐ Fast blood glucose test	☐ CA 19-9 *(blood test for pancreatic cancer)*
☐ Thermography	☐ Hemoccult stool analysis	☐ Other cancer screening _____
☐ Vision exam	☐ Biopsy for skin cancer	☐ Vaccinations/immunizations
☐ Hearing exam	☐ Dental exam *(must submit itemized bill)*	List vaccines/immunizations _____

Claims can be faxed to (800) 869-0368 or mailed to Assurity at the address on the top of this form.

FRAUD NOTICES

Unless specific state language is provided below for your state of residence, the following general fraud notice applies.

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 substantial civil penalty where and to the extent allowed by state law.

AL RESIDENTS: 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, DC, LA, MA, RI RESIDENTS: 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 RESIDENTS: 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 RESIDENTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents 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 RESIDENTS: 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.

FL RESIDENTS: 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.

Continue to page 2 of this form.

IL RESIDENTS: 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 fraud or intentional misstatements of material fact commits a fraudulent insurance act, which is a crime and subject to a substantial civil penalty where and to the extent allowed by state law.

KS RESIDENTS: 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 may be a crime as determined by a court of law and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

KY RESIDENTS: 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.

MD RESIDENTS: 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, TN, WA RESIDENTS: 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 RESIDENTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NC RESIDENTS: 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 may also be subject to a substantial civil penalty where and to the extent allowed by state law.

NH RESIDENTS: 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.

NJ RESIDENTS: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NM RESIDENTS: 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 RESIDENTS: 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 RESIDENTS: 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 RESIDENTS: 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.

OR RESIDENTS: Any person who knowingly and with intent to defraud an insurance company or any other person presents a false claim for payment of a loss or benefit may be guilty of insurance fraud and subject to civil fines and criminal penalties. If such misinformation is material to the content of the contract, relied upon by the insurer and either material to the risk assumed by the insurer or provided fraudulently, such action may also lead to denial of insurance benefits.

PA RESIDENTS: 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.

VA RESIDENTS: Any person who, with the intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

VT RESIDENTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Please consult your policy language for provisions.

I hereby acknowledge that I have read the applicable state fraud information above.

I hereby certify the statements contained above are complete and accurate to the best of my knowledge.

Date (MM/DD/YYYY)	*Signature of Policyowner or legal representative*	*Printed name of person completing this form*

PROSPERITY
LIFE GROUP®

Cancer Plan Health Benefit Screening Rider

Your annual well care is an important part of your health maintenance program and is your best bet for early detection of significant health risks. Numerous studies have shown that early detection helps save lives and increases treatment options. In recognition of this your cancer plan has an annual wellness benefit that is payable to each covered individual under your plan. Please refer to the specific policy certificate for details.

Covered Person	Benefit Amount	Maximum Tests Per Covered Person Per Calendar Year
Employee	$50 or $75	1
Spouse	$50 or $75	1
Each Child	$50 or $75	1

Eligible Health Screening Tests include but are not limited to:

Biopsy for skin cancer	Colonoscopy
Blood tests for triglycerides	Doppler screening for carotids
CA15-3 (breast cancer)	Doppler screening for peripheral vascular disease
Annual examinations for adults	Echocardiogram
Aortic ultrasound	EKG
Blood test for triglycerides	Flexible sigmoidoscopy
Bone marrow testing	Hemoccult stool analysis
Bone density screening	HPV Vaccination
Breast MRI	Lipid panel (total cholesterol count)
Breast thermography	Mammography, including Breast Ultrasound
Breast ultrasound	Pap Smear, including ThinPrep Pap Test
CA 15-3 (blood test for breast cancer)	Serum Protein Electrophoresis (test for myeloma)
CA 125 (blood test for ovarian cancer)	Stress test on bike or treadmill
CEA (blood test for colon cancer)	Thermography
Bone Marrow Testing, Chest X-ray	Ultrasound screening for abdominal aortic aneurysm

Easy Benefit Filing by Calling 1-800-845-7519

1

Call to claim your health screening benefit over the phone.

2

Provide your name and your test/exam's information and the date.

3

Receive your benefit via check or directly deposited into your bank account.

This information is intended to present a general overview for illustrative purposes only. It is not intended to constitute a binding contract. Please refer to the specific insurance policy for the actual terms, coverages, amounts, rates, conditions, limitations, and exclusions. All insurance products are administered or managed by Bay Bridge Administrators, LLC.

MetLife Hospital Indemnity

Prioritize your health and enjoy the benefits



Stay well. Start here.

Enrollment in MetLife supplemental health insurance includes the **MetLife Health Screening Benefit**,[1] an incentive that provides a cash benefit payment when you (and any covered dependents) get one of over 50 tests and screenings that give insight into your health.

1. Get a covered test or screening, such as:

- **Physical Exams**
- **Cholesterol Tests**
- **Dental Cleanings**
- **Diabetes Screenings**
- **Vision Checks**
- **Flu Shots**

2. Easily file your claim

Scan the QR code to get started at **mybenefits.metlife.com**

Prefer to talk? You can also file a claim by calling MetLife at **1 800 GET MET-8 (1-800-438-6388).**

[1] Some screening measures may not be included under all plans. Please refer to your Certificate of Insurance for coverage details and a complete list of covered tests and screenings. The Health Screening Benefit may not be available in all states. In some states, the benefit is referred to as the Accident Prevention Screening Benefit.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

L4541110[exp0627][All States and][All Territories] © 2025 MetLife Services and Solutions, LLC

If you do not want to file the MetLife Wellness via the online portal or by phone, you can also complete and submit this PDF

MetLife

Health Screening Benefit Claim Form

Please complete this form in its entirety

Metropolitan Life Insurance Company
Attn: Group Benefits
P.O. Box 80826
Lincoln, NE 68501-0826
Toll Free Phone:
1 866 626 3705
Fax Number: 1 855 306 7350
https://mybenefits.metlife.com

Return completed form by fax, mail or on-line at (https://mybenefits.metlife.com).

SECTION 1: Certificateholder Information

Certificateholder - First Name	Middle Name	Last Name

Certificate Number

Street Address	City	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	Gender ☐ Male ☐ Female	Social Security Number

Cell Phone Number	Daytime Phone Number	Evening Phone Number

EMAIL Address *(optional)*	Employer Name

SECTION 2: Patient Information *(if certificateholder is the patient, no need to complete the below)*

First Name	Middle Name	Last Name

Daytime Phone Number	Evening Phone Number	Relationship to Insured

SECTION 3: Medical Information

If a covered person undergoes a covered Health Screening test while such covered person is insured under this Policy, the following information must be provided to Us regarding the covered test performed.

Physician Name

Address	City	State	ZIP Code

Phone Number

Name of Testing Facility *(if different from Physician office)*

Address	City	State	ZIP Code

Phone Number

Date of Health Screening Test *(required) (mm/dd/yyyy)*	Test Type *(required)*

Date of Health Screening Test *(required) (mm/dd/yyyy)*	Test Type *(required)*

SECTION 4: Special Payment Instructions & Direct Deposits

- If you would like claim benefits paid using direct deposit, please provide the information requested for the bank where you have your account.
- The sample check below may help you locate your bank account and bank routing numbers. Please be sure that you are referencing one of your checks, not a deposit or withdrawal slip.
- If a savings account is used, please check with your bank representative for the appropriate routing and account numbers.
- Use the space below if you need to provide any special instructions. *(e.g., requesting that your claim proceeds be sent to an address other than the address of record).*

Would you like claim benefit payments paid using direct deposit?

☐ Yes ☐ No *(If Yes complete the Account Information section below.)*

Bank Name	Bank Telephone Number

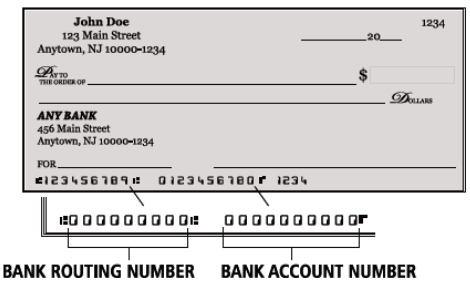
Bank Street Address	City	State	ZIP Code

Type of Account *(check one)*: ☐ Checking ☐ Savings

Be sure to confirm your account and routing numbers with your bank to ensure prompt processing

Bank Account Number

Bank Routing Number



Authorization & Signature

- I request MetLife to send my payments to the financial institution designated in Section 4 for deposit into my account. This agreement will remain in effect until MetLife receives notice from me to the contrary.
- I understand that MetLife will not be liable for any failure to change or terminate this agreement until a written request is received from me in satisfactory form and reasonable time has passed for MetLife to act upon it.
- If any overpayment is credited to my account in error, I authorize and direct my financial institution to debit my account and to refund such overpayment to MetLife.

Name *(Please print)*	Annuitant ID/Certificate Number
Sign Here Signature	Date *(mm/dd/yyyy)*

SECTION 5: Fraud Warning

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: 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.

Alaska: 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.

Arizona: 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.

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.

Delaware, Idaho, Indiana and 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.

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 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.

Maine, Tennessee and 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 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 Hampshire: 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.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon: Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: 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.

Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

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 state law.

Pennsylvania and all other states: 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.

SECTION 6: Certification and Signature

By signing below, I acknowledge:

- All information I have given is true and complete to the best of my knowledge and belief.
- I have read the applicable Fraud Warning(s) provided in this form. **New York Residents**: 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 claim for each such violation.

Under penalties of perjury, I certify that:

1. That the number shown on this form is my correct taxpayer identification / social security number; and

2. That I am not subject to IRS required backup withholding as a result of failure to report all interest or dividend income; and

3. I am a U.S. citizen, or a U.S. resident for tax purposes.

Please note: If item 2 or 3 above is not true, cross out the applicable item(s). The IRS does not require your consent to any provision of this document other than the certification to avoid backup withholding**.**

Name of Claimant *(Please print)*	Social Security Number
Sign Here Signature of Claimant or Authorized Representative	Date *(mm/dd/yyyy)*

If signed by Authorized Representative, describe your authority and provide documentation

(e.g., guardian, conservator, power of attorney, etc.)