



Underwritten by  
United of Omaha Life Insurance Company  
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## Group Critical Illness/Hospital Indemnity/Accident Health Screening Benefit and Preventative Care Claim Form

### Section 1 - Policyholder/Employer Information

Employer Name \_\_\_\_\_ Group Number \_\_\_\_\_  
G000 \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

### Section 2 - Claimant Statement (completed by employee/member)

Claimant/Patient Name: First/Last \_\_\_\_\_ Sex: M/F \_\_\_\_\_ DOB: Mo./Day/Yr. \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employee Name: First/Last \_\_\_\_\_ Sex: M/F \_\_\_\_\_ DOB: Mo./Day/Yr. \_\_\_\_\_ Social Security Number \_\_\_\_\_

Relationship to Employee:  Self  Dependent  Spouse  Domestic Partners

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Does the Employee/Member have Major Medical Insurance or a Combination of Basic Hospital and Basic Medical Insurance?  Yes  No

### Section 3 - Health Screening or Preventative Care Benefit Information

WHICH POLICY IS THIS BENEFIT BEING REQUESTED FOR? CHECK ALL THAT APPLY:  Accident  Critical Illness  Hospital Indemnity  Unsure

**PLEASE CHECK THE HEALTH SCREENING OR PREVENTATIVE CARE BENEFIT FOR WHICH THIS CLAIM IS BEING FILED:**

**\*Please refer to your Certificate of Coverage for benefits covered under your policy\***

#### Available on all Accident, Critical Illness, and Hospital Indemnity Plans:

<input type="checkbox"/> Abdominal aortic aneurysm ultrasound	<input type="checkbox"/> CA 125 (blood test for ovarian cancer)	<input type="checkbox"/> EKG (electrocardiogram)	<input type="checkbox"/> Pap smear
<input type="checkbox"/> Blood test for triglycerides	<input type="checkbox"/> Carotid ultrasound	<input type="checkbox"/> Double contrast barium enema	<input type="checkbox"/> PSA (blood test for prostate cancer)
<input type="checkbox"/> Bone marrow testing	<input type="checkbox"/> CEA (blood test for colon cancer)	<input type="checkbox"/> Fasting blood glucose test	<input type="checkbox"/> Serum cholesterol test (HDL & LDL)
<input type="checkbox"/> Bone density screening	<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> Flexible sigmoidoscopy	<input type="checkbox"/> SPEP (blood test for myeloma)
<input type="checkbox"/> Breast ultrasound	<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Hemoccult stool analysis	<input type="checkbox"/> Stress test (on a bicycle or treadmill)
<input type="checkbox"/> CA 15-3 (blood test for breast cancer)	<input type="checkbox"/> CT angiography	<input type="checkbox"/> Mammography	<input type="checkbox"/> Thermography

#### Additional benefits ONLY Available on Hospital Indemnity Plans:

<input type="checkbox"/> Adult Immunization	<input type="checkbox"/> Child/Adolescent Vaccines	<input type="checkbox"/> Hepatitis B/C Screening	<input type="checkbox"/> Prenatal/Perinatal Care
<input type="checkbox"/> Angiogram	<input type="checkbox"/> Dental/Hearing/Physician Annual Exam	<input type="checkbox"/> Lower Extremity Ultrasound	<input type="checkbox"/> Substance Abuse Screening
<input type="checkbox"/> Basic or Comprehensive Metabolic Screening	<input type="checkbox"/> Diabetes Health Screening	<input type="checkbox"/> Mental Health Evaluation	<input type="checkbox"/> Transmitted Diseases/Blood Borne Infection Screening
<input type="checkbox"/> Body Mass Index (BMI) Assessment	<input type="checkbox"/> Domestic Violence Screening	<input type="checkbox"/> Neurological Health Studies	<input type="checkbox"/> Vascular Ultrasound
<input type="checkbox"/> Cancer Testing/Screening/Biopsy	<input type="checkbox"/> Echocardiogram (ECHO)	<input type="checkbox"/> Neurological Imaging Studies	
<input type="checkbox"/> Child/Adolescent Exams or Sports Physicals	<input type="checkbox"/> Genetic Testing	<input type="checkbox"/> Polysomnogram (Sleep Study)	

DATE THE TEST/PROCEDURE WAS PERFORMED \_\_\_\_\_ PHYSICIAN NAME \_\_\_\_\_ PHYSICIAN PHONE NUMBER \_\_\_\_\_  
(MM/DD/YYYY)

By signing below, I certify that I have read and understand the fraud warning that applies to my state of residence, and that all information provided on this form is true and complete to the best of my knowledge and belief.

### Section 4 - Acknowledgement & Signature

SIGNATURE OF INSURED \_\_\_\_\_ DATE \_\_\_\_\_



## Fraud Warnings

### Required Fraud Warnings (State specific warnings apply to the resident of such state)

**Fraud Warning:** 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.

**Alabama:** 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.

**Arkansas/Kentucky/Louisiana/Maine/New Mexico/Ohio/Tennessee:** Any person who, with intent to defraud or knowing that he/she 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.

**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.

**District of Columbia:** 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.

**Kansas:** 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 as determined by a court of law.

**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 knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New York:** 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.

**Oregon:** 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 and may subject such person to criminal and civil penalties.

**Puerto Rico:** Any person who furnishes information verbally or in writing, or offers any testimony on improper or illegal actions which, due to their nature constitute fraudulent acts in the insurance business, knowing that the facts are false shall incur a felony and, upon conviction, shall be punished by a fine of not less than five thousand (5,000) dollars, nor more than ten thousand (10,000) dollars for each violation or by imprisonment for a fixed term of three (3) years, or both penalties. Should aggravating circumstances be present, the fixed 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 on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Vermont:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

**Virgin Islands:** 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 penalties.

**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.