



**COLORADO BANKERS LIFE
INSURANCE COMPANY**

CLAIM FORM FOR PAYCHECK PROTECTION POLICY

The claimant is to complete the statement on this page and sign the reverse side of the form. The physician should complete the statement on the reverse side. Submit itemized bills.

Mail the form and bills to:
Colorado Bankers Life Insurance, Claims Dept.
P.O. Box 17007
Denver, CO 80217

CLAIMANT'S STATEMENT

POLICY NUMBER _____

*** COMPLETE IN FULL OR FORM WILL BE RETURNED ***

1. Insured Name: _____ DOB: _____ SSN: _____
Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____

2. Patient Name: _____ DOB: _____
Relationship to Insured: Self Spouse Son Daughter Other _____

3. Patient's Employer: _____ Current Occupation: _____
Address and telephone number of employer: _____
Hourly Wages: _____

4. Date of Accident: _____ Time: _____ Date Work Stopped: _____ Time: _____
Where did the accident occur: _____
Describe accident: _____
Describe injuries: _____
Has the patient had a similar injury within the past 2 years? Yes No

5. Date of first medical treatment: _____ Time: _____
Name and address of physician: _____
Was patient confined to a hospital for at least 24 hours? Yes No
If yes, provide name and address of hospital: _____
Admission date: _____ Discharge date: _____

6. Did this claim happen on the job? Yes No
Was a claim filed with patient's employer for worker's compensation benefits? Yes No
If yes, send copy of documents filed for worker's compensation benefits.

7. Total disability from usual occupation from: _____ to _____
Has the patient returned to work? Yes No
If still disabled, what date does patient expect to resume work? _____

8. If injury was due to a motor vehicle accident, send a copy of the police report.

9. List all medical treatment patient has received during the past three years:

Doctor/Hospital	Dates	Condition/Diagnosis
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 information concerning material thereto, commits a fraudulent insurance act which may subject such person to criminal and civil penalties (not enforceable in Oregon, Virginia, New Jersey, and Florida).



I hereby authorize any physician, medical practitioner, hospital, clinic, Health Maintenance Organization, including Mayo, Kaiser Foundation, Veterans Administration, or other medical or medically related facility, insurance company, or other person, organization, or institution, that has any records or knowledge of me or my dependants, or our health, medical history or physical condition, to give Colorado Bankers Life Insurance Company or its reinsures any records or knowledge of my health, medical history, or physical condition including psychiatric histories, to use for claims investigative purposes and further, to testify as to such information. This authorization is valid for thirty (30) months after the date it was signed. A photostatic copy of this authorization will be as valid as the original, and I or my representative can obtain a copy on request.

Insured's Signature: _____ Date: _____

Patient's Signature: _____ Date: _____

ATTENDING PHYSICIAN'S STATEMENT

Must be completed by physician

1. Diagnosis: _____

2. Is condition due to injury arising out of patient's employment? Yes No

3. Report of Services (or attach an itemized bill)

Date of Services	Place of Services	Description of Surgical or Medical Services Rendered	Procedure Code - If Used	Charges

4. Date symptoms first appeared or accident happened? _____

5. Date patient first consulted you for this condition: _____

If patient was referred to you, provide name and address of referring physician: _____

6. Has patient ever had same or similar condition? Yes No If so, when? _____

7. Is patient still under your care for this condition? Yes No If no, when was last treatment? _____

8a. Patient was continuously totally disabled (unable to work) from: _____ to _____

8b. For Any Occupation? Yes No

9a. Patient was partially disabled from: _____ to _____

9b. For Any Occupation? Yes No

9c. For his/her regular occupation? Yes No

10. Is there any other information regarding the patient's health that we should be aware of? _____

Physician's Signature: _____ Date: _____

Print name, address, and telephone: _____

Special Fraud Statement Instruction Sheet

Various states impose penalties for misrepresentation of information in order to obtain insurance benefits. Before completing the attached claim forms, read your state's fraud warning in the listing below:

- Alaska:** "A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or missing 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 statement 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 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."
- 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 a life 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:** "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."
- 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."
- 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."
- Idaho:** "Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement containing any false, incomplete, or misleading information is guilty of a felony."
- Indiana:** "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false information, incomplete or misleading information commits a felony."
- 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:** "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."
- Minnesota:** "A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."
- 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."
- 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:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application 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."
- Oregon:** "Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law."
- 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."
- 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 prison."
- Virginia:** "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."
- All Other States:** "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."