VB Health Screening Benefit Claim Form for Accident, Critical Illness and Hospital Indemnity

This claim form can be used to request reimbursement for your Health Screening Benefits under your Critical Illness, Accident or Supplemental Health plan. Any Person, who with the 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 may be subject to prosecution and punishment for insurance fraud. (See State Specific Fraud Warning Statements on pages 3-4)

Service Information:						
Date services were rendered		Claim is for	: Policyholder	Dependent		
Bone Marrow Testing	CA 15-3 (for Breast C	ancer)	3 Blood pressure readings in 14 days with Health Care Practitioner attestationÁHospital Indemnity Plan only			
Chest X-ray	CA-125 (Ovarian Can	cer)				
Flexible Sigmoidoscopy	Colonoscopy		Blood Glucose Test A1C1 Test (Diabetes)- Hospital Indemnity Plan only			
Pap Smear	Mammography					
Biopsy for Skin Cancer	Stress (EKG)		Water Displacement Test (Obesity)- Hospital Indemnity Plan only			
Lipid Panel	Serum Protein Electro	phoresis	•			
CEA (Colon Cancer) PSA	Oral Cancer Screenin ViziLite, OraTest or D		Skin Caliper Test (Obesity)- Hospital Indemnity Plan only			
(Prostate Cancer)	D0431		Critical Illness St	ate of California Only		
Stress Test (Bike or Treadmill)	Biometric Screening - and Hospital Indemr		Human papillomavirus screening test or any other cervical cancer screening test approved by the U.S. Food and Drug			
Blood Test for Triglycerides	Hemocult Stool Analy Illness and Hospital Plans only		Administration			
Policyholder's Name			Policy No.			
Social Security No						
Mailing Address						
State						
Claimant Name		· · · · · · · · · · · · · · · · · · ·	Date of Birth			
Provider Information:						
Printed Name of Physician	f Physician		_ Specialty			
Phone No.()						
			ZIP Code			
The above Statements are true t	o the best of my knowl	edge and belief.	,	I		
Signature of Subscriber				<u>'</u>		



Mail to: ManhattanLife VB Claims PO Box 926169 Houston, TX 77092

Customer Service: 1-855-448-6982

Or Fax to: 1-502-405-7107

Email to: vbclaimssubmissions@manhattanlife.com

Direct Deposit Authorization

Check Action		Effective D	ate	Account Type	e Ownership o	of Account
	_					
New Change Cancel	Month	Day	Year	Checking Saving	gs Self Joint	Other
Bank Name						
Routing Number			Ban	k Account Number		
ADDRESS CITY, STATE ZIP		Sheet Sheet	~~~			
TON		-			Name	
CO123456780 012	345678901	536 0153		Policy No		
Bank Routing B	Bank Account	t Check Number				
Terms And Condition	s For Partic	ipation In The D	Direct Deposit	Program		
	e in this Dire	ct Deposit Progr	am please read	o your account at your fi the following terms and nay qualify.		f you
		0 ,	•	any there may be a de l	lay of up to four we	eeks before the
	begin being	g deposited dire		count. You will receive	-	
2. It is your respons	sibility to no	otify Manhattan	Life Insurance	Company if any chang	ges to your accour	nt immediately.
	e a delay of	up to four weeks	s before the nev	nd return it to the addres v information will be pro		
_				ancel participation, com	plete this Form indic	cating
that the action is a effective date on t	CANCEL, a	and return it to th as soon as the F	e address on th orm has been r	e front. Your participation	on will be cancelled whichever one is la	as of the ter.
4. If an electronic to	ansfer is re	eturned to Manha	attanLife Insura	nce Company or cannot	t be made to your a	ccount,
	eck will be n	nailed to you. Yo	u will continue	f the situation cannot be to receive your reimburs		
				or ManhattanLife Insura		r participation
I certify that I have read ManhattanLife Insurance	and understa e Company to	and the Terms and initiate credit en	d Conditions on tries to the Acco	this form. By signing this unt(s) indicated above for entries and adjustments	agreement, I authori	
Signature				Date		
If the account is a joint the statement above.	account or ir	n someone else's	s name, that inc	lividual must also sign to	o indicate agreemer	nt with



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State Specific Fraud Warning Statements

ManhattanLife

Any Person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits and Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. We may notify all state and federal law enforcement agencies of any suspected Fraud, as determined by Us. We reserve the right to recover any payments made by Us that were made to You and/or any party on Your behalf, based on fraudulent or misrepresented information.

Alaska, Delaware, Idaho, Indiana, Maine, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, Tennessee, Texas, Washington, West Virginia:

Any Person who, with the intent to defraud or knowingly submits an application or claim containing a false or fraudulent statement may be subject to prosecution and punishment for insurance fraud.

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, Louisiana, 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.

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 statement 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.

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.

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, 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.



State Specific Fraud Warning Statements

Kansas:

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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 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.

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.

