Administrative Office
P.O. Box 0300
New Hudson, MI 48165

| Wellness Screening Claim Form |

Instructions for Filing a Claim

- Please have all sections of this form fully completed.
- **The claimant must sign and date the statement at the bottom of page 2 and the Authorization on page 6.**
- Provide one of the following:
  - Proof of completed medical test, ***or***
  - The itemized bill detailing covered treatment/procedure, ***or***
  - An Explanation of Benefits from your primary insurance provider, ***or***
  - Test results
- Two authorization forms appear at the end of this document. The first authorization must be signed and submitted with your claim; the second authorization is optional and gives permission for someone you name to have access and receive information regarding your claim.
- Mail your claim to the above address, fax to 877.226.7315, or send electronically using your secure Personal Web Portal at www.YourLifeSecure.com (select "Policyholders" from the login menu).

Section A: Policyholder Information

First Name _____ MI _____ Last _____

Date of Birth (mm/dd/yyyy) _____ Policy No. _____

Street Address (P.O. Boxes cannot be accepted) _____ City _____ State _____ Zip _____

Home Telephone No. _____ Work Telephone No. _____

Section B: Claimant Statement

First Name _____ MI _____ Last _____

Date of Birth (mm/dd/yyyy) _____ Relationship (Self, Spouse, Child, Other) _____

Street Address (P.O. Boxes cannot be accepted) _____ City _____ State _____ Zip _____

Home Telephone No. _____ Work Telephone No. (if applicable) _____

Section C: Covered Procedures

Please indicate below which test was performed.

- ☐ Blood test for triglycerides
- ☐ Serum cholesterol test to determine level of HDL and LDL
- ☐ Cholesterol panel
- ☐ Fast Blood glucose test
- ☐ HgA1C
- ☐ Carotid Doppler
- ☐ Doppler screening for abdominal aortic aneurysm
- ☐ Chest x-ray
- ☐ Stress test (bicycle or treadmill)
- ☐ Echocardiogram
- ☐ Electrocardiogram
- ☐ Breast ultrasound or MRI
- ☐ Thermography
- ☐ Mammography
- ☐ CA 15-3 (blood test for breast cancer)
- ☐ Pelvic exam
- ☐ Pap smear
- ☐ Thin Prep Pap
- ☐ CA 125 (blood test or ovarian cancer)
- ☐ CA 19-9 (blood test for pancreatic cancer)
- ☐ PSA (blood test for prostate cancer)
- ☐ Biopsy for skin cancer
- ☐ CEA (blood test for colon cancer and cervical cancer)
- ☐ Colonoscopy, Virtual colonoscopy
- ☐ Flexible sigmoidoscopy
- ☐ Hemoccult stool analysis, Fecal occult analysis
- ☐ Serum protein electrophoresis (blood test for Myeloma)
- ☐ Bone marrow biopsy and aspiration
- ☐ In CA: Generally medically accepted cancer screening test

Date of diagnosis or operation: _____ (mm/dd/yyyy)

Please provide details and dates of tests or exams to confirm diagnosis:

_____

_____

_____

Acknowledgement

I acknowledge that I have read and understand the fraud warning specific to my state as presented in this document.

_____ _____

➡ **CLAIMANT SIGNATURE** (To be signed by claimant or legal guardian if under age 18) ➡ **DATE**

Section D: Electronic Funds Transfer Information

Any benefits payable for this claim will be paid to the primary policyholder, regardless of claimant. If the policyholder wishes benefits payable for this claim be deposited directly to his or her checking or savings account, please provide the following information. If the policyholder prefers to be paid via a check by mail instead, please leave this section blank.

Name of Bank

Phone No.

Street Address

City State Zip

Account Type: ☐ Checking ☐ Savings

Account Number

Routing Number

➡ POLICYHOLDER SIGNATURE

➡ DATE

Fraud Warning:

For All States Not Listed Separately Below: 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, may be guilty of insurance fraud.

To residents of **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.

To residents of **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.

To residents of **Arkansas, Louisiana, Oregon, Rhode Island & 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.

To residents of **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.

To residents of **California**: 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.

To residents of **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.

To residents of **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.**

To residents of **Delaware & Idaho**: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

To residents of **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.

To residents of **Indiana**: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

To residents of **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.

To residents of **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.

To residents of **Minnesota**: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

To residents of **New Mexico**: Any person who knowingly presents a false or fraudulent claim for payment of a loss of 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.

To residents of **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.

To residents of **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.

To residents of **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.

To residents of **Tennessee, Virginia & 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 include imprisonment, fines and denial of insurance benefits.

To residents of **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.