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

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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*