

BANKERS CONSECO LIFE INSURANCE COMPANY

TOLL-FREE PHONE: 1-800-851-2618

ACCELERATED LIFE INSURANCE BENEFIT CLAIM FORM

HOW TO FILE A CLAIM

PART 1: Insured must complete and sign.
PART 2: Policyowner must complete and sign.
PART 3: Attending Physician must complete and sign.

SEND ALL CLAIMS TO:
Bankers Consecoco Life Insurance Company
Administrative Office - Life Claims Dept.
399 Market Street
Philadelphia, PA 19106

NOTICE: 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. See page 3 for important information regarding fraud that may apply in your state.

PART 1 - INSURED

Insured _____ Date of Birth _____

Account #(s) _____

Mailing Address _____ Apt. _____ City _____ State _____ Zip _____

My taxpayer identification (Social Security) # is: _____

Current Physician _____ Telephone # () _____

Address _____ City _____ State _____ Zip _____

Name of Hospital or Nursing Home _____

Address _____ City _____ State _____ Zip _____

When were you first advised by a physician that the illness is terminal? _____

Is the terminal condition the result of an accidental bodily injury? [] Yes [] No If Yes, date of injury _____

Describe _____

AUTHORIZATION

To any medical care provider, medical care facility, insurer, government-sponsored health plan, or employer, I permit (while this claim is pending) the release of any medical information about me to Bankers Consecoco Life Insurance Company and its representatives. Bankers Consecoco Life Insurance Company's representatives include reinsuring companies and other persons or groups performing business or legal services relating to this claim. This applies to all information about the diagnosis, treatment, or prognosis of any illness or injury I now have or have had in the past. Bankers Consecoco Life Insurance Company will use this information to find out if my claim is eligible. A copy of this authorization (one of which will be given to me by Bankers Consecoco Life Insurance Company upon my request) will be as valid as this one. This authorization will be valid for a period of 24 months from the date signed.

Insured's or Legal Representative's Signature _____ Date _____

(If Legal Representative, Relationship to Patient and Legal Description) _____

Address _____ City _____ State _____ Zip _____

PART 2 - POLICYOWNER

Important Tax Information: Accelerated Benefits may be considered taxable; consult your tax advisor. Receipt of these benefits could adversely affect your eligibility for government medical and income assistance programs.

Tax Certification: Under penalties of perjury, I certify that:

1. My taxpayer identification (Social Security) # is: _____

2. Check one: [] I am [] I am not subject to back-up withholding.

Has any government agency required that you involuntarily exercise this option as a condition for obtaining or retaining a government benefit or entitlement? [] Yes [] No

Has any creditor required that you involuntarily exercise this option? [] Yes [] No

I understand that, if my claim for accelerated benefits is approved, the face amount(s) of my life insurance policy(ies) will be reduced or my coverage will be cancelled.

Signature of Policyowner _____ Date _____

PART 3 - ATTENDING PHYSICIAN

Attending Physician's Statement

Date of first visit: Month _____ Day _____ Year _____

Date of most recent visit: Month _____ Day _____ Year _____

Diagnosis: _____

Is the patient capable of handling his/her own affairs? ☐ Yes ☐ No

Objective findings: (include any results of relevant tests, studies or findings on examination)

In your medical opinion, how many months do you think this person has to live? _____

When was your patient first advised that his/her condition was terminal?

Is this terminal illness the result of an accidental bodily injury? ☐ Yes ☐ No

If yes, date of injury: _____

Describe: _____

If you feel it would be helpful to our evaluation of this claim, please include a copy of the most recent hospital summary.

Physician's Name _____ Telephone # () _____

Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

SPECIAL STATE CLAIM FRAUD WARNINGS

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.

ARKANSAS, NEW MEXICO & 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.

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 a 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 company 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

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.

LOUISIANA, MAINE, 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 may include imprisonment, fines or a denial of insurance benefits.

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.

MINNESOTA, OHIO & OKLAHOMA

Warning: 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.

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.

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.