

CLAIM SUBMISSION INSTRUCTIONS

The **Employee** must complete BOTH PART A and PART B in their entirety.

Email the completed form to: VoluntaryClaims@RSLI.com
OR fax the completed form to: (267) 256-3518 or (267) 256-3537
OR mail the completed form to: Reliance Standard Life Insurance Company
Attn: Voluntary Wellness Claims
P.O. Box 7307
Philadelphia, PA 19101-7307
Phone 1-800-351-7500

Additional information may be required. Submission of this claim form does not waive our right to request additional information, or waive any of our rights or defenses, or admit liability.

PART A: EMPLOYEE INFORMATION

Employee Name	Employee Social Security Number	Employee Date of Birth
Employee Address	Employee Email Address	Employee Phone Number Day Night Cell
Employer/Policyholder Name and Address	Voluntary Accident (VAI) Policy Number	Voluntary Critical Illness (VCI) Policy Number

Other Names by which the Employee may have been known (maiden name, hypothetical name, nickname, derivative form of first/middle name, alias)

IF CLAIM IS FOR A DEPENDENT, PROVIDE THE FOLLOWING:

Dependent Name	Dependent Social Security Number	Dependent Date of Birth	Relationship to Insured
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Other Names by which the Dependent may have been known (maiden name, hypothetical name, nickname, derivative form of first/middle name, alias)

Dependent Address

EMPLOYEE SIGNATURE

Any person who knowingly and with intent to injure, defraud or deceive Reliance Standard Life Insurance Company, files a statement of claim or submits any information in conjunction with a claim containing fraudulent, false, misleading, incomplete or deceptive information commits a fraudulent insurance act, which is a crime. These actions will result in the denial of the claim, and are subject to prosecution under state and/or federal law. Reliance Standard Life Insurance Company will cooperate fully with any prosecution and will seek any and all appropriate legal remedies.

Employee Name (Please Print)	Employee Signature	Date
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PART B: HEALTH SCREENING TEST INFORMATION

Test Recipient Name	
Health Care Provider Name, Address, Zip Code (Please Print or Type)	Health Care Provider Phone Number
HEALTH SCREENING TEST(S) ADMINISTERED (CHECK ALL THAT APPLY)	
Please Note: Not all benefits that are listed below are available under all policies. Consult the policy for additional information, including definitions.	
<input type="checkbox"/> ALT/AST (liver function test)	<input type="checkbox"/> Flexible sigmoidoscopy
Date Administered: (mm/dd/yyyy) _____	Date Administered: (mm/dd/yyyy) _____
<input type="checkbox"/> Biopsy for cancer	<input type="checkbox"/> Genetic tests
Date Administered: (mm/dd/yyyy) _____	Date Administered: (mm/dd/yyyy) _____
<input type="checkbox"/> Blood test for triglycerides	<input type="checkbox"/> Hemoccult stool analysis
Date Administered: (mm/dd/yyyy) _____	Date Administered: (mm/dd/yyyy) _____
<input type="checkbox"/> Bone density testing (DEXA scan)	<input type="checkbox"/> Hepatitis screening
Date Administered: (mm/dd/yyyy) _____	Date Administered: (mm/dd/yyyy) _____
<input type="checkbox"/> Bone marrow testing	<input type="checkbox"/> Human Immunodeficiency Virus (HIV) screening
Date Administered: (mm/dd/yyyy) _____	Date Administered: (mm/dd/yyyy) _____
<input type="checkbox"/> CA 15-3 (blood test for breast cancer)	<input type="checkbox"/> Mammography
Date Administered: (mm/dd/yyyy) _____	Date Administered: (mm/dd/yyyy) _____
<input type="checkbox"/> CA 125 (blood test for ovarian cancer)	<input type="checkbox"/> Pap test
Date Administered: (mm/dd/yyyy) _____	Date Administered: (mm/dd/yyyy) _____
<input type="checkbox"/> CEA (blood test for colon cancer)	<input type="checkbox"/> PSA (blood test for prostate cancer)
Date Administered: (mm/dd/yyyy) _____	Date Administered: (mm/dd/yyyy) _____
<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> Serum cholesterol test to determine level of HDL and LDL
Date Administered: (mm/dd/yyyy) _____	Date Administered: (mm/dd/yyyy) _____
<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Serum Protein Electrophoresis (blood test for myeloma)
Date Administered: (mm/dd/yyyy) _____	Date Administered: (mm/dd/yyyy) _____
<input type="checkbox"/> Echocardiogram	<input type="checkbox"/> Skin cancer screening
Date Administered: (mm/dd/yyyy) _____	Date Administered: (mm/dd/yyyy) _____
<input type="checkbox"/> Electrocardiogram	<input type="checkbox"/> Stress test
Date Administered: (mm/dd/yyyy) _____	Date Administered: (mm/dd/yyyy) _____
<input type="checkbox"/> Fasting blood glucose test	<input type="checkbox"/> Ultrasound screening (please see policy)
Date Administered: (mm/dd/yyyy) _____	Date Administered: (mm/dd/yyyy) _____

EMPLOYEE SIGNATURE

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Employee Name (Please Print)	Employee Signature	Date
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IMPORTANT INFORMATION REGARDING APPLICATION FOR BENEFITS

ALABAMA, ARKANSAS and LOUISIANA — 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 false or fraudulent information to obtain or amend insurance coverage or to make a 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.

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 an application for insurance 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.

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 includes any false or misleading information on an application for an insurance policy 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 (health insurance only) — 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.

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.

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.

PUERTO RICO — Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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.

TENNESSEE, 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.

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.

WASHINGTON, 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.