



**STATEMENT OF CLAIM FOR
HOSPITAL CONFINEMENT BENEFITS**

PLEASE PRINT

Please submit this form to:
GROUP LIFE CLAIM DEPARTMENT
The Union Labor Life Insurance Company
8403 Colesville Road • Silver Spring, MD 20910
Toll-free (866) 795-0680 • Fax: (202) 962-2939

INSTRUCTIONS

1. The representative of the group policyholder must complete the section "To Be Completed By Policyholder" before this form is presented to the hospital.
2. The insured person should complete the section titled "To Be Completed By Insured".
3. Please attach a copy of the hospital bill or UB92 to this form.

To _____ Hospital.
This certifies that _____ is insured for Hospital Confinement Benefits
through The Union Labor Life Insurance Company.

I HEREBY AUTHORIZE RELEASE OF INFORMATION, requested on this form, by the hospital named above.

Signature of patient or parent if minor: _____ Date: _____

TO BE COMPLETED BY POLICYHOLDER

Name of policyholder: _____

Group policy number: _____ Amount of insurance: \$ _____

This is to certify that the insured named below was eligible for benefits on the date the accident occurred. I acknowledge that I have read the fraud warning(s) on page 2 of this form.

Signature of policyholder's Representative: _____ Date: _____
Signature and title

TO BE COMPLETED BY INSURED

Full name: _____ Date of birth: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Was the accident due to or arising from the occupation of the patient? _____

Cause and circumstances of accident. (Brief explanation of how it happened.) Attach police report, newspaper articles or similar documents.

Was the confinement due to an accident? Yes No If yes, give date of accident. _____

Where did the accident occur? _____

Describe the accident: _____

I hereby certify that the answers I have made to the questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud warning(s) on page 2 of this form.

Signature of insured: _____ Date: _____

PLEASE COMPLETE ALL PAGES



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TO BE COMPLETED BY HOSPITAL

Name of patient: _____ SSN: _____ Age: _____
Date admitted: _____ Time admitted: _____ AM PM Date
discharged: _____ Time discharged: _____ AM PM
Diagnosis from records: _____
Hospital: _____
Address: _____ City: _____ State: _____ Zip: _____
Taken from records on: _____ Signed by: X
Month / Day / Year

FRAUD NOTICES

Arkansas: 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 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.

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.

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 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 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.

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FRAUD NOTICES (CONTINUED)

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. 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.

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. For all other states: WARNING: Any person, acting alone or in concert with another, who knowingly and with intent to defraud, injure, or deceive any insurance company submits a claim or application containing any false, deceptive, incomplete or misleading information may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties or denial of benefits.

I attest that I have reviewed, understand and acknowledge the fraud warning(s).

Member or Claimant's Signature Date