

# Accident Expense Plus Form

## STATE SPECIFIC FRAUD WARNINGS

**Alaska Residents:** 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 this title.

**Arizona 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.

**Arkansas and New Mexico 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. **California Residents:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **Colorado 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.

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

**District of Columbia and Washington DC Residents:** 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 Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii Residents:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Indiana Residents:** 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.

**Kentucky 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.

**Louisiana and Maryland Residents:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

**Tennessee and Virginia 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 include imprisonment, fines and a denial of insurance benefits.

**Maine 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.

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

**New Hampshire 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, as provided in R.S.A. §638:20.

**New Jersey Residents:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New York 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 violation.

**Ohio 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.

**Oklahoma 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.

**Oregon Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or application containing any materially false information or conceals, for the purpose of misleading, information concerning

any material fact may be guilty of an insurance fraud, which is a crime, and may be subject to prosecution. **Pennsylvania 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.

**Texas, West Virginia and Alabama Residents:** 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, or any combination thereof.

**All Other States:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit may be guilty of a crime and may be subject to fines and confinement in prison.

Life of the South Insurance Company, Jacksonville, FL - A Fortegra Financial Company

**HOW TO SUBMIT YOUR CLAIM – PLEASE PRINT**

- Step 1. Complete Part A below as it applies to this claim. Making sure you Date and Sign number 17 for all claims.
- Step 2. Provide Explanation of Benefits from your primary insurance, if applicable
- Step 3. Please provide a hospital UB04 Facility Claim Form or a professional HCFA 1500 Claim Form with this completed Accident and Health Claim Form.
- STEP 4. When you have completed the form, in detail, **attach the requested information** and forward to InsuranceTPA.com, 14 N. Parker Drive, Janesville, WI 53545 for review and processing.

**COMPLETED BY INSURED**

Please Note: Failure to complete this form IN FULL may delay the review of your claim.

- 1. Policyholder Name \_\_\_\_\_ 2. Policy Number(s) \_\_\_\_\_
- 3. Date of Birth \_\_\_\_\_ 4. Home Phone \_\_\_\_\_
- 5. Home Address \_\_\_\_\_ 6. Office Phone \_\_\_\_\_

**Complete for Spouse/Dependent (if applicable)**

- 7. Claimant Name \_\_\_\_\_ 8. Date of Birth \_\_\_\_\_
- 9. Full time student Yes \_\_\_ No \_\_\_ If “yes” and 18 years or older submit proof of current school enrollment.

**Complete for an Illness/Sickness Claim**

- Claim for Cancer: Submit the Pathology Report and Itemized bills
- Claim for Hospital Confinement: Submit the Itemized Hospital bill
- Claim for Critical Illness: Submit the medical records Re: Initial Diagnosis

- 10. Describe condition: \_\_\_\_\_
- 11. Date symptoms first noticed: \_\_\_\_\_ 12. Date first consulted physician \_\_\_\_\_

**Complete for an Accident Claim**

Requirements: The initial medical evaluation notes from emergency room, urgent care center or physician. The itemized bills and copies of the Explanation for Benefits from your major medical plan or other insurance coinciding with the bills you are submitting.

- 13. Date of accident: \_\_\_\_\_
- 14. Where did the accident happen? \_\_\_\_\_
- 15. How did the accident happen? \_\_\_\_\_
- 16. Is the insured/dependent covered under any other health/accident insurance plan?  
Yes \_\_\_ No \_\_\_
- 17. Is the insured/dependent covered under a federal or a Medicare/Medicaid program?  
Yes \_\_\_ No \_\_\_  
What is the effective date? \_\_\_\_\_ Name of other insurance carrier/program \_\_\_\_\_
- 18. I certify that the above information is true and correct. A photographic copy of this certificate shall be considered as effective and valid as the original.

\_\_\_\_\_  
Claimant/Patient Date

\_\_\_\_\_  
Policyholder signature for Claimants under the age of 18 (Dependent Child(ren)) Date