

# Accident Claim Form

The offering Company(ies) listed below, severally or collectively, as the content may require, are referred to in this authorization as "We" or "ManhattanLife."

Accident Insurance products insured by ManhattanLife Assurance Company of America, Manhattan Life Insurance Company.

Any Person, who with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. (See State Specific Fraud Warning Statements on pages 3-4)

**The below Statements are true to the best of my knowledge and belief.**

Signature of Subscriber \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

Is the claim for the:  Subscriber  Dependent

\*If your accident plan includes the disability rider and you are filing for disability benefits, a **disability claim** form must also be completed.

Subscriber's Name \_\_\_\_\_ Member ID \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Daytime Phone number \_\_\_\_\_)

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Occupation \_\_\_\_\_

Date of Accident \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time of Accident \_\_\_\_\_  AM  P M

First date treated for injury \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Was this accident caused or contributed to by a medical condition?  Yes  No

If yes, what is the medical condition \_\_\_\_\_

Did this accident occur at work?  Yes  No If yes, did you inform your employer?  Yes  No

Have you or do you intend to file a Workers' Compensation or Occupational Disease Law Claim?  Yes  No

Please provide **specific** details of how your accident occurred to aid in the correct processing of your claim:

Where did the accident occur: \_\_\_\_\_

Details on how the accident/injury occurred and type of injury: \_\_\_\_\_

- Was this a motor vehicle accident in which the patient was the driver?  No  Yes (If yes, please submit a copy of the Police Report.)
- Was the patient tested for alcohol or drugs?  No  Yes (If yes, please submit the blood alcohol report or drug screening.)
- Did the accident result in the patient's death?  No  Yes (If yes, please submit the certified death certificate.)
- Was the patient treated by a physician or in a hospital as a result of this injury?  No  Yes  
If Yes, submit the UB04 itemized hospital bill, or HCFA 1500 itemized physician bill.



Mail to: Manhattan Life  
Claims  
P.O. Box 926169  
Houston, TX 77092

Customer Service: 1-855-448-6982  
Or Fax to: 1-502-405-7107



# Accident Claim Form

## Travel Expense Rider

Please check the type of travel benefit you are claiming for:

Meals  Use of Personal Vehicle  Lodging  Expenses for common carriers of transportation

Please check who accompanied you for your accident treatment:

Attended alone  Spouse or Friend  Multiple adults

Please include travel receipts for reimbursement of

benefit.



- Before mailing your claim form, please be sure you have included all items listed above to prevent delay in processing of your claim.
- Attach an itemized billing from your provider that includes the dates of service, charge amount, diagnosis, and procedure codes. UBO4 & HCFA 1500
- Retain a copy of all information submitted for your records.

If you have any questions when completing this form, please call 1-855-448-6982.

### Mail to the following address:

Manhattan Life  
Claims  
P.O. Box 926169  
Houston, TX 77092

Or Fax to: 1-502-445-7107

### State Specific Fraud Warning Statements

#### ManhattanLife:

Any Person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits and Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. We may notify all state and federal law enforcement agencies of any suspected Fraud, as determined by Us. We reserve the right to recover any payments made by Us that were made to You and/or any party on Your behalf, based on fraudulent or misrepresented information.

#### Alaska, Delaware, Idaho, Indiana, Maine, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, Tennessee, Texas, Washington, West Virginia:

Any Person who, with the intent to defraud or knowingly submits an application or claim containing a false or fraudulent statement may be subject to prosecution and punishment for insurance fraud.

#### Alabama:

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.

#### Arkansas, Louisiana, 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.

#### 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.

#### California:

For your protection California law requires the following statement 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.



Mail to: Manhattan Life  
Claims  
P.O. Box 926169  
Houston, TX 77092

Customer Service: 1-855-448-6982  
Or Fax to: 1-502-405-7107

# Accident Claim Form

## State Specific Fraud Warning Statements

### 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.

### Kentucky, 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.

### Kansas:

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

### 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 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 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.

### 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.



Mail to: Manhattan Life  
Claims  
P.O. Box 926169  
Houston, TX 77092

Customer Service: 1-855-448-6982  
Or Fax to: 1-502-405-7107