

Accidental Dismemberment & Paralysis Claim Filing Instructions

TO HELP AVOID DELAY, PLEASE READ THESE INSTRUCTIONS CAREFULLY AND COMPLETE STATEMENT OF CLAIMANT.

- Submit a completed **STATEMENT OF CLAIMANT form**.
- Submit medical records or office notes from each provider confirming dismemberment and/or paralysis.

Limitations: Dismemberment and/or Paralysis claims are payable on the primary insured only. Benefits are payable once per covered Accident. Limitations and exclusions apply. Please refer to your policy document for further details.

Benefit/Premium: If partial payment is made under the Dismemberment or Paralysis provisions, this rider will remain in force and premiums will continue to be billed and payable as due. Any remaining rider proceeds payable upon the accidental death of the Insured will be reduced by the amount paid for Dismemberment or Paralysis. Rider premiums will be reduced to reflect the remaining Benefit Amount.

If an accidental bodily injury directly results in Dismemberment within 180 days of the accident causing such injury, we will pay 50% of the Accidental Death Benefit available at the time of the claim.

We will pay 50% of the Accidental Death Benefit available at the time of claim, if an Insured suffers Paralysis in one or more limbs as a direct result of an Accident. The duration of the Paralysis must be a minimum of 90 consecutive days.

If the policy is less than two years old- As a part of our normal process, additional information and documentation will be required with the claim. An Authorization to use or disclose protected health information form must be completed and submitted with the claim.

Effective Date: The accident must be sustained on or after the rider Effective Date and while the rider is in force. The accident must be a direct cause of the loss and independent of disease, bodily infirmity or any other cause.

Definitions:

Dismemberment – Loss of arm, which means actual severance at or above the elbow. Loss of leg, which means actual severance at or above the knee. Loss of hand, which means: a) loss of use; or b) actual severance above the wrist, but below the elbow; or c) loss of a thumb and index finger on the same hand where the thumb is permanently severed through or above the third joint from the tip of the index finger and the index finger is permanently severed through or above the second joint from the tip of the thumb. Loss of foot, which means loss of use or actual severance above the ankle but below the knee. Loss of sight, which means: a) removal of the eye; or b) the permanent, uncorrectable loss of sight in at least one eye defined as either the corrected visual acuity of less than 20/200 or a visual field restriction of 20° or less. No benefit will be paid for loss of sight if, in the Physician's opinion, partial or total restoration of sight could occur naturally, or as a result of surgery or a device or implant.

Paralysis – means Injuries received in an Accident which result in complete and total loss of the use of one or more limbs. This includes Quadriplegia, Triplegia, Paraplegia, Hemiplegia and Uniplegia. Paralysis must be confirmed by your attending Physician as expected to be permanent.

For the purposes of this definition:

1. Quadriplegia means total and irreversible Paralysis of all four limbs.
2. Triplegia means total and irreversible Paralysis of three limbs.
3. Paraplegia means total and irreversible Paralysis of both upper limbs OR both lower limbs.
4. Hemiplegia means total and irreversible Paralysis of both limbs on either side of the body (i.e. the right arm and right leg OR the left arm and left leg).
5. Uniplegia means total and irreversible Paralysis of one limb.



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STATEMENT OF CLAIMANT

TO BE COMPLETED FOR ACCIDENTAL DISMEMBERMENT & PARALYSIS BENEFITS

In furnishing this form, the Company reserves all of its rights under the Policy and waives none of the conditions of the Policy.

INSURED'S INFORMATION			
Insured's Full Name		Social Security Number	
Policy Number	Date of Birth	Phone Number	Email
Address (City, State, Zip)			
OWNER'S INFORMATION (if different than Insured)			
Owner's Full Name		Social Security Number	
Address (City, State, Zip)		Phone Number	Email
ACCIDENT			
Type of Accident		Date of Accident	
Describe how the Injury occurred			
Please provide the location of the Accident			
Please gather the following information to help us quickly process your claim. We may require other information depending on the circumstances of the Accidental Injury.			
<ul style="list-style-type: none"> • Medical records verifying the date and how the Accident occurred. • Medical records or office notes from each provider treating the Accidental Injury. 			
<input type="checkbox"/> PERMANENT PARALYSIS DUE TO A COVERED ACCIDENT (Please have your Physician complete the attached Attending Physician's Statement and certify the Paralysis has persisted for at least 90 days and is expected to be permanent.)			
For the purposes of this claim, Paralysis means Injuries received in a covered Accident which result in complete and total loss of use of one or more limbs. This includes Quadriplegia, Triplegia, Paraplegia, Hemiplegia and Uniplegia.			
<input type="checkbox"/> Quadriplegia means total and irreversible Paralysis of all four limbs.			
<input type="checkbox"/> Triplegia means total and irreversible Paralysis of three limbs.			
<input type="checkbox"/> Paraplegia means total and irreversible Paralysis of both upper limbs OR both lower limbs.			
<input type="checkbox"/> Hemiplegia means total and irreversible Paralysis of both limbs on either side of the body (i.e. the right arm and right leg OR the left arm and left leg).			
<input type="checkbox"/> Uniplegia means total and irreversible Paralysis of one limb.			

DISMEMBERMENT DUE TO A COVERED ACCIDENT (Please have your Physician complete the attached Attending Physician's Statement and certify the Dismemberment resulted from an Accident and occurred within 180 days of such Accident.)

Type of Dismemberment (with or without reattachment) Check All That Apply:

- loss of arm**, which means actual severance at or above the elbow
- loss of leg**, which means actual severance at or above the knee
- loss of hand**, which means:
- a. loss of use; or
 - b. actual severance above the wrist, but below the elbow; or
 - c. loss of a thumb and index finger on the same hand where the thumb is permanently severed through or above the third joint from the tip of the index finger and the index finger is permanently severed through or above the second joint from the tip of the thumb
- loss of foot**, which means loss of use or actual severance above the ankle but below the knee.
- loss of sight**, which means:
- a. removal of the eye; or
 - b. the permanent, uncorrectable loss of sight in at least one eye defined as either the corrected visual acuity of less than 20/20 or a visual field restriction of 20° or less.
- No benefit will be paid for loss of sight if, in the Physician's opinion, partial or total restoration of sight could occur naturally, or as a result of surgery or a device or implant.

CERTIFICATION

I certify the above statements are true and complete to the best of my knowledge. I acknowledge that benefits will be paid to the Owner.

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information may be guilty of insurance fraud and subject to criminal and civil penalties. Refer to "**Fraud Warning Notices**" for your state.

Signature (Insured)

Date

Signature (Owner, if different than the Insured)

Date



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STATEMENT OF THE ATTENDING PHYSICIAN

Please complete the appropriate section for each condition with which the patient has been diagnosed.

PATIENT'S INFORMATION		
Patient Name	Date of Birth	Social Security #
<input type="checkbox"/> PERMANENT PARALYSIS DUE TO A COVERED ACCIDENT		
<p>For the purposes of this claim, Paralysis means Injuries received in a covered Accident which result in complete and total loss of use of one or more limbs. This includes Quadriplegia, Triplegia, Paraplegia, Hemiplegia and Uniplegia.</p> <p><input type="checkbox"/> Quadriplegia means total and irreversible Paralysis of all four limbs.</p> <p><input type="checkbox"/> Triplegia means total and irreversible Paralysis of three limbs.</p> <p><input type="checkbox"/> Paraplegia means total and irreversible Paralysis of both upper limbs OR both lower limbs.</p> <p><input type="checkbox"/> Hemiplegia means total and irreversible Paralysis of both limbs on either side of the body (i.e. the right arm and right leg OR the left arm and left leg).</p> <p><input type="checkbox"/> Uniplegia means total and irreversible Paralysis of one limb.</p> <p>Did the Paralysis occur as a result of an Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the Paralysis persisted for a period of 90 consecutive days or more? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is Paralysis expected to be permanent in nature? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Date patient first diagnosed with permanent Paralysis	Date patient first treated for signs or symptoms of this condition	
What event resulted in Paralysis?		
<input type="checkbox"/> DISMEMBERMENT DUE TO A COVERED ACCIDENT		
<p>Type of Dismemberment (with or without reattachment) Check All That Apply:</p> <p><input type="checkbox"/> loss of arm, which means actual severance at or above the elbow</p> <p><input type="checkbox"/> loss of leg, which means actual severance at or above the knee</p> <p><input type="checkbox"/> loss of hand, which means:</p> <p style="margin-left: 20px;">a. loss of use; or</p> <p style="margin-left: 20px;">b. actual severance above the wrist, but below the elbow; or</p> <p style="margin-left: 20px;">c. loss of a thumb and index finger on the same hand where the thumb is permanently severed through or above the third joint from the tip of the index finger and the index finger is permanently severed through or above the second joint from the tip of the thumb</p> <p><input type="checkbox"/> loss of foot, which means loss of use or actual severance above the ankle but below the knee.</p> <p><input type="checkbox"/> loss of sight, which means:</p> <p style="margin-left: 20px;">a. removal of the eye; or</p> <p style="margin-left: 20px;">b. the permanent, uncorrectable loss of sight in at least one eye defined as either the corrected visual acuity of less than 20/20 or a visual field restriction of 20° or less.</p> <p>This would not include situations in which partial or total restoration of sight could occur naturally, or as a result of surgery, device or implant.</p>		

Did the Dismemberment occur as a result of an Accident? Yes No

Did the Dismemberment occur within 180 days of such Accident? Yes No

For Loss of Sight, is the Loss of Sight expected to be permanent in nature? Yes No

Date patient first diagnosed with Dismemberment

Date Patient first treated for signs or symptoms of this condition

What event resulted in Dismemberment?

SIGNATURE OF ATTENDING PHYSICIAN

Attending Physician's Printed Name

Specialty

Federal Tax ID#

Address

Phone Number

Email

Fax #

Signature of Attending Physician

Date Signed