



Claim for Total Disability/ Premium Waiver Benefits

****Please complete all sections of this form and carefully read all information on following page regarding false or fraudulent claims****

1. INSURED'S INFORMATION

Insured's Name: _____ Policy Number (s): _____

Address: _____
Street Address City State Zip Code

Last 4 Digits of Social Security Number: ____ Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Phone (Home): _____ Phone (Work): _____ Email: _____

2. HISTORY

1. Fully describe your present illness or injury: _____

2. When did this illness or injury begin (date)? _____
3. Have you had this illness or injury, or one similar to it, before? Yes No *If yes, please provide date:* _____
4. Please provide names and addresses of all physicians you have seen due to this condition: _____

5. Have you been confined to a hospital as a result of this illness or injury? Yes No
If yes, provide confinement dates: _____ *to* _____
Also, provide the name and address of the hospital: _____
6. Have you filed for Social Security Disability? Yes No *If yes, please submit a copy of either your award or denial letter.*
 If you were denied, are you appealing the decision? Yes No

3. EMPLOYMENT

1. Name, address, and phone number of your employer when you became unable to work: _____
2. How long did you work for this employer? _____ Name of immediate supervisor? _____
3. What was your occupation? _____ When did this illness or injury cause you to cease to work (date)? _____
4. Is this injury or illness the result of your employment? Yes No Unknown *If yes, have you filed a claim for Worker's Compensation?* Yes No *Please provide the name and address of the Worker's Compensation Carrier:* _____

4. ACTIVITIES

1. As a result of this injury or illness are you: House Confined? Yes No Bed Confined? Yes No
 Hospital Confined? Yes No Wheelchair Confined? Yes No
2. What are your daily activities? _____
3. Does your illness or injury completely prevent you from engaging in any occupation for compensation? Yes No

Signature of Insured _____ **Date Signed** _____

KSKJ LIFE

CLAIM FOR TOTAL DISABILITY/PREMIUM WAIVER BENEFITS

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.

Arkansas, Louisiana, Rhode Island, Texas and West Virginia: 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.

Alaska: 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 state law.

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 that you be made aware of the following: 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 a 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 or 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.

Hawaii: For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Indiana: Any 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: Any person who knowingly or 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.

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.

Minnesota: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: 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 RSA 638.20.

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 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.

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.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

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.

Tennessee, Virginia and 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.