

Claim Filing Kit: Sickness Hospitalization

This form may be used to file claims for the Sickness Indemnity Rider.

1. Complete section one. Please include the policy number of your Accident Medical Expense with the Sickness Indemnity Rider plan.
2. Complete section two. Sign and date the form.
3. Send this claim form and copies of itemized inpatient hospitalization bills to the following address, fax number, or email:

Mail: National General Accident & Health
P.O. Box 3252
Milwaukee, WI 53201-3252

Fax: 317-284-7281

Email: NationalGeneral.customerservice@keybenefit.com

If you have any questions about this form, please call 855-323-4750.

**Failure to complete the entire claim form
may result in a delay of claims review.**

Section 1

Information on Primary Policyholder

Policy Number: _____

Policy Owner Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Check this box if address is new:

Information on Claimant

Claimant Full Name: _____

Gender: Male Female Date of Birth: _____

Relationship to Policy Holder (*circle one*): Self Spouse Child Other

Phone Number: _____ Email Address: _____

Reason for filing claim: _____

We may need to request additional information. Please provide the following:

Primary Care Physician

Name: _____

Address: _____

Phone: _____

Have you ever had this condition before? Yes No

If yes, when? _____ (MM/DD/YY)

List all providers, including pharmacies, who have treated you for the past 5 years (Include name, address & telephone number): _____

Section 2

Patient Name: _____

THE FOLLOWING AUTHORIZATION MUST BE SIGNED BY PATIENT BEFORE CLAIM CAN BE PROCESSED

Any person who knowingly, and with intent to defraud, or deceive an insurance company, who files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud. Insurance fraud is a felony. Please refer to the State Specific Fraud Statements at the end of this packet.

HIPAA AUTHORIZATION

I hereby authorize any health care provider or medically related facility, pharmacy or pharmacy related facility, the Medical Information Bureau, Inc., consumer reporting agency, insurance or reinsurance company or employer having information about me to provide all such information as may be requested by National Health Insurance Company, Integon National Insurance Company, Integon Indemnity Corporation or Time Insurance Company (collectively hereafter "National General"), its legal representative or any medical records retrieval service National General may engage, including but not limited to EMSI. This authorization includes any and all information you have about me, including but not limited to information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition as well as alcohol abuse treatment, drug abuse treatment, psychiatric treatment, pharmacy prescriptions, HIV testing and treatment, STD testing and treatment, sickle cell testing and treatment, prescription history, lab data and EKGs. This information also may be disclosed to any medical records company engaged by National General, including but not limited to EMSI and its agents. Although federal regulations require that we inform you of the potential that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected by such regulation, all information received by National General pursuant to this authorization will be protected by federal and state privacy laws and regulations. A copy of this authorization will be valid as the original. I understand that this authorization is required in order to enable National General to make payment determinations relating to me and/or my minor children. I may refuse to sign this authorization; however, National General may not be able to make a payment determination without the required information. I understand that I may revoke this authorization at any time by notifying National General in writing of my desire to revoke. Such revocation must be sent by certified mail to Privacy Office, National General at PO Box 3252, Milwaukee, WI 53201-3252. Such revocation will not be valid if National General has taken action in reliance on the authorization. Unless an earlier date is required by law, this authorization expires when I am no longer a policyholder of National General.

Signature of Patient (Parent if Child, Executor, POA, or Surviving Spouse — Supporting Documentation Required)

Date

Fraud Warning Notices:

For states not listed below: 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 subject such person to criminal and civil penalties.

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 & West Virginia: Warning - 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.

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.

Indiana: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

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.

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, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Texas: 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.