

Claim Form: 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 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 or fax number:

National General Accident & Health
P.O. Box 3252
Milwaukee, WI 53201-3252
Fax: 317-284-7281

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

Section 1: Information on claimant (individual with illness)			Information on primary policyholder		
Last	First	MI	Last	First	MI
<input type="checkbox"/> Male <input type="checkbox"/> Female		Birth date	Address	<input type="checkbox"/> Check if new address	
Relationship to policyholder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child			City	State	ZIP code
Phone number	Email address		Policy number	Phone number	Birth date
Reason for filing claim					

Section 2: Claimant signature	
Signature of claimant or representative*	Date
* If you are the individual's representative and are not the legal guardian, you must attach documentary evidence of your authority to act as the individual's representative for this authorization to be valid.	

PLEASE RETAIN A COPY FOR YOUR RECORDS.

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.