

ManhattanLife Assurance Company of America

REPORT OF CANCER OR SPECIFIED DISEASE CLAIM

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|--------------------------------------|-------------------------------------------------------------|---------------------|---------------------------------------|
| Patient's Name | | Date of Birth | Policy Number |
| Patient's Address | | | Relationship to Policyholder |
| Policyholder's Name | | | Policyholder's Social Security Number |
| What is the nature of your illness? | Date diagnosed | | Date of first treatment |
| Physician name and address | | | |
| Were you hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of confinement | Through |
| Name and address of hospital | | | |
| Have you ever had a similar illness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, when? | |

I authorize any physician, hospital, insurer or other organization or person having any records, data or information concerning me or my minor dependents to furnish such records, data or information as may be requested by ManhattanLife Assurance Company of America or their duly authorized representative to ManhattanLife Assurance Company of America. I understand that in executing this authorization I waive the right for such information to be privileged. A photocopy of this authorization shall be considered as effective and valid as the original. This authorization is valid for 24 months. Revocation of the authorization must be submitted in writing. I or my authorized representative is entitled to a copy of this authorization.

Policyholder's Signature _____ Date: _____

Patient's Signature _____
(Required only if patient is spouse or over age 18)

Policyholder's Address _____
Street City State ZIP Code

Check if this is a new address.

Important: Failure to complete this form in its entirety or submit the information requested below may result in delay of processing this claim.

Please send the following information to us at the below address so we can process your claim:

- **Itemized statements from your health care providers showing the treatments, services and procedures you received.**
- **All initial diagnosis of cancer must be supported by positive pathology or lab results.**
- **A pathology report for all surgical procedures.**
- **If your policy has a transportation benefit, please submit a transportation claim form if you think you may be entitled to a transportation benefit.**

Claims Department
P.O. Box 925309
Houston, TX 77292-5309

PLEASE READ THIS INFORMATION BEFORE SUBMITTING YOUR CLAIM

If you need assistance, please contact our Customer Service Department at 1-800-669-9030.

PLEASE READ YOUR POLICY CAREFULLY

Cancer policies pay benefits for certain specified treatments, procedures and services rendered to the policyholder or named insured for the treatment of cancer. These limited benefit policies pay benefits only for those items listed in your policy. **Since the cancer policy is a specified benefits policy, it does not pay for all treatments, procedures or services you may receive in connection with your cancer treatment.** Please refer to your policy to determine your eligible benefits.

COMPLETE THE CLAIM FORM IN ITS ENTIRETY

Please do not send documents without a completed claim form. Always include your policy number on the claim form and indicate if you have more than one policy with us. Include the area code and telephone number for you and your physician.

TIMELY CLAIM FILING

All policies have a time period specified in the policy regarding when a claim must be submitted. Please review your policy to ensure you file all claims in accordance with your policy. Failure to file your claim timely may result in the claim being denied.

COMPLETE A HIPAA FORM

Please complete a HIPAA form, found on our web site, and submit it with your claim. You only need to complete this form once and we will keep the form on file. You do not need to submit a new HIPAA form with each claim. This form can assist us in obtaining additional information on your behalf to help process your claim.

ITEMIZED STATEMENTS

It is your responsibility to provide us with all of the information needed to determine if the services received are a benefit under the policy. Attach all relevant information to your claim form, i.e. itemized statements from each medical provider who treated you and your hospital UB-04s. These statements provide detailed information regarding the treatments, procedures, and services you received from the medical provider. Itemized statements must include:

- The name of the person or organization providing the service, their address, telephone number, and tax identification number
- Name of the patient
- Date each service was provided
- Description of each service
- A dollar amount for each service

PATHOLOGY REPORTS

Every diagnosis of cancer must be supported by a positive pathology report, including the initial and any subsequent diagnosis. Also, a pathology report must be submitted with any surgical claim.

CHEMOTHERAPY AND RADIATION

When you submit a claim for chemotherapy and /or radiation, please ensure that the statements from your providers contain the number of units that were administered.

SURGERY/ANESTHESIA

When submitting a claim for surgery performed to remove cancer, please provide the following:

- A copy of the surgeon's statement
- A copy of the anesthesiology statement, if you had anesthesia
- A pathology report should be submitted with any surgical claim.

PRESCRIPTION DRUGS

Please submit an itemized statement from the pharmacy which shows the name of the drug, the identifying drug number, and the amount paid. Cash register or charge slips are not acceptable.

TRANSPORTATION

If your policy has a transportation benefit provision and you had to travel away from your home to obtain cancer treatment, please provide the following:

- Completed transportation claim form. This form can be found on our web site.
- Any appropriate receipts (i.e. hotel receipts, airline tickets)

ACTUAL CHARGE POLICIES

Some policies contain benefits that are paid based on the actual charge. If you are unsure, please review the chemotherapy, radiation, and blood and plasma benefits in your policy.

If your policy pays benefits based on the actual charges, please submit documents showing the amount the medical provider actually charged – that is, the amount that was paid by or on your behalf to the medical provider as payment in full.

Documents which show the actual charges paid by you or on your behalf include an Explanation of Benefits from your primary insurance carrier.

If you need assistance in determining what documentation to provide, please contact our Customer Service Department at 1-800-669-9030.

A WORD ABOUT OUR EXPLANATION OF BENEFITS (EOB) STATEMENTS

Our EOBs only list those services which are covered benefits under the terms of your policy.

For example, if you submit a claim for chemotherapy administered in a hospital, the statement may contain miscellaneous hospital charges which may not be benefits under your policy.

Only those items that are covered services as indicated in your policy will be listed on the EOB.

Submit Completed Form to:

Claims Department
P.O. Box 925309
Houston, TX 77292-5309



Claim Form Addendum: Fraud Warning and State Versions

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

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. **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. **Arkansas** 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 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. **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. **Delaware** 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. **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. **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** A 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 and 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. **Louisiana** 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. **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. **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. **Minnesota** A 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. **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 a 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. **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. **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. **Puerto Rico** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. **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. **Tennessee** 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. **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. **Virginia** 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. **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. **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.