



## DISABILITY CLAIM FORM

### MAIL FORM TO

Pan-American Life Insurance  
Company  
P.O. Box 99007  
Lubbock, TX 79490-9007

<p><b>Member:</b> Please fill out the employee portion of this claim statement. Sign where indicated to authorize release of medical information. (Important – Failure to fully answer all questions may delay processing of your claim). This form must be accompanied by proof of disability signed by the attending physician. Promptly return the completed forms to your employer. <b>PLEASE PRINT.</b></p>					
Member's Name		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Date of Birth	Certificate Number or SSN
Member's Street Address			City, State, Zip		Telephone
Member's Occupation			Name of Plant or Branch Where you Work		Are You Married? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Disabled and Unable to Work		Date Treated for Illness for Injury	Name and Address of Doctor		Is Condition Due to An Occupational Injury or Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Condition Due to an Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date of Injury	Where did it Occur?		
DO YOU WISH TO HAVE FEDERAL INCOME TAX WITHHELD? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Describe how accident happened?					
<p>THE ABOVE QUESTIONS ARE TRUE AND COMPLETE ACCORDING TO THE BEST OF MY KNOWLEDGE AND BELIEF. ANY INFORMATION THAT MUST BE REQUIRED TO ESTABLISH THE VALIDITY OF ANY CLAIM FOR BENEFITS ON MY BEHALF MAY BE RELEASED TO AND USED BY EITHER MY EMPLOYER OR PAN-AMERICAN LIFE INSURANCE COMPANY ACTING ON BEHALF OF MY EMPLOYER, AND SAID ORGANIZATION AND PERSONS MAY DISCLOSE ANY PERSONAL OR CLAIM INFORMATION NEEDED FOR CASE REVIEW AND STUDY. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.</p>					
Signature of member _____				Date _____	
<p><b>Employer:</b> Please fill in your name and address on third line below to assure proper return of this form. After the member and doctor statements have been completed, please certify employee's current employment status by filling out and signing the employer portion of this form.</p>					
Date Last Worked	Number of Hours	Date Expected to Return	Date Returned	Member's Current Wkly Earning \$	Weekly A&S Rate \$
Date Employed	Effective Coverage Date Applicable to Claim		Date Coverage Terminated	Class of Insurance	Is Condition Due To Employment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name and Address of Employer				Control Number	
Date	Signature (Employer)			Title	
IS THIS A CONTRIBUTORY PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHAT %?					
<p><b>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.</b></p>					

## **NOTICE CONCERNING YOUR RIGHTS OF PRIVACY AS A CONSUMER**

Pan-American Life Insurance Company collects nonpublic information about you from the following sources:

- Information we receive from you in applications or other forms;
- Information about your transactions with us, our affiliates or others; and
- Information we receive from a consumer reporting agency.

We do not disclose any nonpublic information about our customers or former customers to anyone, except as permitted by law.

We restrict access to your nonpublic personal information to those PALIC employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

## FRAUD STATEMENTS

For your protection, the laws of several states, including Alaska, Arizona, Arkansas, Delaware, Idaho, Indiana, Kentucky, Minnesota, New Hampshire, Ohio and Oklahoma, and others require the following statement to appear on this claim form:

### **Fraud Warning**

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.

### **Fraud Warning for California Residents**

For your protection, California law requires the following to appear on this claim form:

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.

### **Fraud Warning for Colorado Residents**

For your protection, Colorado law requires the following to appear on this claim form:

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.

### **Fraud Notice for Louisiana, Maryland and Rhode Island.**

For your protection, Louisiana, Maryland and Rhode Island law requires the following to appear on this claim form:

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 fines and confinement in prison.

### **Fraud Warning for the District of Columbia, Maine, Tennessee, Virginia and Washington Residents**

For your protection, the District of Columbia, Maine, Tennessee, Virginia and Washington law requires the following to appear on this claim form:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

### **Fraud Warning for Florida Residents**

For your protection, Florida law requires the following to appear on this claim form:

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

### **Fraud Warning for Kansas Residents**

For your protection, Kansas law requires the following to appear on this claim form:

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an application containing false, incomplete or misleading information may be guilty of insurance fraud as determined by a court of law.

### **Fraud Statement for New Jersey, New Mexico and Pennsylvania Residents**

For your protection, New Jersey, New Mexico and Pennsylvania law requires the following to appear on this claim form:

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.

### **Fraud Statement for New York Residents**

For your protection, New York law requires the following to appear on this claim form:

Any person who knowingly and with the 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.

### **Fraud Statement for Puerto Rico Residents**

For your protection, Puerto Rico law requires the following to appear on this claim form:

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 with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are 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.

