

# Wellness / Cancer Screening Claim Statement

**Instructions:**

The Accident and Critical Illness policies provide one Wellness Benefit per calendar year per covered person from the list of covered benefits. The Cancer policy provides one Cancer Screening Benefit per calendar year per covered person from the policy list of covered benefits. See policy for details of covered items and services. Only tests and procedures listed in the policy are eligible for benefit payment.

Complete a separate form for each family member and date of service. Complete all applicable sections. You must include the name of the provider of service, the type of service and the date of service. Submit this form to the address, fax number or e-mail address stated at the bottom of this form.

**Note:** Some policies do not contain the Wellness Benefit.

Insured Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 Employee Phone number \_\_\_\_\_ E-Mail address \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Employer Name \_\_\_\_\_

**Claimant Information**

This claim is for: Name \_\_\_\_\_  Self  Spouse  Dependent  
 Claimant Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Provider Name \_\_\_\_\_ Provider Address \_\_\_\_\_  
 Date of service \_\_\_\_\_ Provider phone number \_\_\_\_\_

I am making a claim for:

**Accident Wellness Benefit** \*  **Critical Illness Wellness Benefit**  **Cancer Screening Benefit**

\* Not Available in CO, CT, IN

Following are the list of covered benefits per policy. Please indicate which test received.

**Wellness Benefits (Accident and Critical Illness Policy)**

<input type="checkbox"/> Cardiac exercise stress test	<input type="checkbox"/> CEA (blood test for colon cancer)	<input type="checkbox"/> Serum protein electrophoresis
<input type="checkbox"/> Fasting blood glucose test	<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> Carotid Doppler
<input type="checkbox"/> Blood test for lipids, including total Cholesterol, LDL, HDL and triglycerides	<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Electrocardiogram
<input type="checkbox"/> Breast ultrasound or mammography	<input type="checkbox"/> Flexible sigmoidoscopy	<input type="checkbox"/> Echocardiogram
<input type="checkbox"/> CA15-3(blood test for breast cancer)	<input type="checkbox"/> Hemocult stool analysis	<input type="checkbox"/> Annual gynecological exam Critical Illness policy(PA Only)
<input type="checkbox"/> CA125(blood test for ovarian cancer)	<input type="checkbox"/> Pap smear	
	<input type="checkbox"/> PSA (blood test for prostate cancer)	

**Cancer Screening Benefits (Cancer Policy)**

<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> CA 125 test	<input type="checkbox"/> Chest x-ray	<input type="checkbox"/> Flexible sigmoidoscopy
<input type="checkbox"/> Mammogram **	<input type="checkbox"/> Pap smear	<input type="checkbox"/> Biopsy	<input type="checkbox"/> PSA
<input type="checkbox"/> CT scans or MRI scans	<input type="checkbox"/> BRCA testing	<input type="checkbox"/> Hemocult stool specimen	

\*\* For TN, see policy for mammography benefit.

Insurance products are underwritten by Union Security Insurance Company (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states except New York. In New York, insurance products are underwritten by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

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**For your protection, the following disclosures are required by state law and are based on the state where you live:**

**If you live in the state of Alaska, the following statement applies to you:**

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.

**If you live in the state of Alabama, the following statement applies to you:**

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.

**If you live in the states of Arkansas, Louisiana, Massachusetts, Minnesota, New Mexico, Rhode Island, Texas or West Virginia, the following statement applies to you:**

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.

**If you live in the state of Arizona, the following statement applies to you:**

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.

**If you live in the state of California, the following statement applies to you:**

For your protection California law requires the following to appear on this 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.

**If you live in the state of Colorado, the following statement applies to you:**

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.

**If you live in the District of Columbia, the following statement applies to you:**

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.

**If you live in the states of Delaware, Idaho or Indiana, the following statement applies to you:**

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.

**If you live in the state of Florida, the following statement applies to you:**

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.

**If you live in the state of Kansas, the following statement applies to you:**

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 may be guilty of insurance fraud as determined by a court of law.

**If you live in the state of Kentucky, the following statement applies to you:**

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.

**If you live in the state of Maryland, the following statement applies to you:**

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.

**If you live in the state of Maine, the following statement applies to you:**

**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.**

**If you live in the state of New Hampshire, the following statement applies to you:**

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.

**If you live in the state of New Jersey, the following statement applies to you:**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**If you live in New York the following statement applies to you:**

**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.**

**If you live in the state of Ohio, the following statement applies to you:**

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.

**If you live in the state of Oklahoma, the following statement applies to you:**

**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.

**If you live in the states of Oregon or Virginia, the following statement applies to you:**

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 may have violated state law.

**If you live in the states of Tennessee or Washington, the following statement applies to you:**

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.

**If you live in the state of Vermont, the following statement applies to you:**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**If you live in a state other than mentioned above, the following statement applies to you:**

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.