



## GROUP ACCIDENT CLAIM FORM SPOUSE / ADULT DEPENDENT SIGNATURES

—Please Type or Print Clearly in Black or Blue Ink—

### INSTRUCTIONS AND ADDITIONAL INFORMATION

#### THIS FORM MAY BE USED FOR SPOUSE AND DEPENDENT SIGNATURES

- When the claim is for an accident involving a covered Spouse, Domestic Partner, or Dependent Child, additional signatures are required. If the Claimant is a covered Spouse, Domestic Partner, or Dependent Child 18 years of age or older, they must sign as the Claimant in the signature portion of this form. If the claim is for a covered Dependent Child under age 18, the Employee/Member must sign for the minor Claimant. Please refer to the signature section at the end of this form.
- Please read the Claim Fraud Warnings Page attached to this Claimant Statement prior to signing this form.

**SEND COMPLETED FORMS TO:**

- **MAIL:** 2 Court Street, Suite 102, Binghamton, NY 13901
- **SECURE EMAIL:** GroupClaims@RenaissanceFamily.com
- **SECURE FAX:** 607-773-2276

**QUESTIONS? PLEASE CONTACT US AT 844-368-6485**

### SECTION I | CLAIMANT INFORMATION

**PLEASE COMPLETE IF CLAIM IS FOR A SPOUSE, DOMESTIC PARTNER, OR DEPENDENT CHILD**

Claimant Full Name:	Social Security Number:		
Address if Different From Employee/Member (Include Apt#/Suite):	City:	State:	ZIP Code:

### SECTION II | CLAIMANT INFORMATION

Date of Birth (mm/dd/yyyy):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Beneficiary's Relationship to Employee/Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Dependent Child	

**If a Dependent Child Under 19 Years of Age, Please Answer the Following Questions:**

- Does Dependent Live with You?  Yes  No  
 Is Dependent Chiefly Dependent Upon You for Maintenance and Support?  Yes  No  
 Is Dependent Child Married?  Yes  No

**If a Dependent Child 19 Years of Age or Older, Please Answer the Following Questions:**

- Is Dependent Chiefly Dependent Upon You for Maintenance and Support?  Yes  No  
 Is Dependent a Full Time Student at an Accredited Secondary School, College or University?  Yes  No  
 If Yes: Name of School: \_\_\_\_\_  
 Number of Credit Hours Per Semester: \_\_\_\_\_  
 Is Dependent Child Married?  Yes  No

**SECTION IV.A | CERTIFICATION**

**CERTIFICATION INSTRUCTIONS.** -You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**Under the penalties of perjury, I certify that:** (1) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (2) I am a U.S. citizen or other U.S. person (including a U.S. resident alien), and (3) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**SECTION IV.B | SIGNATURES**

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or other organization, institution, or person who has attended me or has any records or knowledge of me or my health to furnish the Renaissance Life & Health Insurance Company, or its representatives, and all information with respect to any illness or injury, medical history, consultations, prescriptions, or treatment, and copies of all hospital and medical records. A photocopy of this authorization shall be considered as effective and valid as the original. This authorization is valid for the duration of my claim for benefits.

THE UNDERSIGNED DECLARES THAT THE FOREGOING STATEMENTS ARE TRUE AND COMPLETE AND AGREES TO FURNISH ADDITIONAL INFORMATION AND DOCUMENTATION AS MAY BE REQUIRED. IT IS UNDERSTOOD THAT THE FURNISHING OF FORMS BY THE COMPANY DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY. I (WE) HAVE READ THE FRAUD NOTICE PAGE INCLUDED WITH THIS FORM.

\_\_\_\_\_  
Primary Insured Printed Name

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

X

\_\_\_\_\_  
Primary Insured Signature

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

\_\_\_\_\_  
Claimant Printed Name

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

X

\_\_\_\_\_  
Claimant Signature (If Claimant is Under 18 Years of Age, Signature of Primary Insured/Legal Representative.)

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

\_\_\_\_\_  
Beneficiary Printed Name

\_\_\_\_\_  
Phone Number

X

\_\_\_\_\_  
Beneficiary Signature (In Event of Accidental Death)

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

—Fraud Warnings on Following Pages—

Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN, and in New York by Renaissance Life & Health Insurance Company of New York, Binghamton, NY. Both companies may be reached at PO Box 1596, Indianapolis, IN 46206. Products may not be available in all states or jurisdictions.

## DENTAL, VISION AND ACCIDENT STATE FRAUD WARNING STATEMENTS:

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD. PLEASE SEE BELOW FOR STATE-SPECIFIC VARIATIONS OF THIS FRAUD NOTICE.**

- AL:** 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.
- AK:** 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.
- AZ:** 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.
- AR, LA, RI and WV:** 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.
- CA: WARNING:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- CO:** 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.
- CT, IL, MA, MI, MS and MO:** Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
- DE:** 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.
- DC: WARNING:** It is a crime to provide false or misleading information to any 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.
- FL:** 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.
- ID:** 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.
- IN:** A person who knowingly and with intent to defraud a insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
- KY:** 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.
- MD:** 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.
- ME:** 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.
- MN:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NH:** 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 NH R.S.A. REV Stat ANN 638.20.
- NJ:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- NM:** 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.
- NY:** 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.
- OH:** 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
- OK: 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. Penalties may include imprisonment, fines or a denial of insurance benefits.
- PA:** 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.
- TN:** 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 or a denial of insurance benefits.
- TX:** 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.
- VA:** Any Person who, with the 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 the state law.
- WA:** 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.