

UltraComp Critical IllnessPLUS®
UltraComp Cancer CarePLUS®

Claim Form

Please check the box to indicate the type of claim(s) you are submitting:

| | | |
|---|--|--|
| <input type="checkbox"/> Critical Illness Claims <input type="checkbox"/> Cancer Care Claims Complete Sections A, B, D | <input type="checkbox"/> Hospital Indemnity Claims Complete Sections A, C, D | <input type="checkbox"/> Death Benefit Claims Please Call 1-800-963-4554 |
|---|--|--|

To be completed by the insured or authorized person: (PLEASE PRINT)

SECTION A

| | | | |
|--------------------------------|------------|-------------|-----------|
| Form Completed By: _____ | | | |
| Address: | | | |
| Street _____ | City _____ | State _____ | ZIP _____ |
| Telephone Number: () _____ | | | |

| | | |
|--------------------------------|--------------------------|--|
| Insured's Name: _____ | Date of Birth: / / | Social Security Number: _ _ _ - _ _ - _ _ _ |
| Address: | | |
| Street _____ | City _____ | State _____ ZIP _____ |
| Telephone Number: () _____ | | Policy Number: _____ |

SECTION B

| | |
|---|--|
| Diagnosed Condition: _____ | |
| Date of Diagnosis: / / | |
| Has insured been diagnosed with this condition before? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please list the date first diagnosed: / / | |

List the names, addresses and telephone numbers of the physicians treating you for this condition. Attach a separate sheet of paper if additional space is needed.

| | | | |
|--------------------------------|------------|-------------|-----------|
| Physician Name: _____ | | | |
| Address: | | | |
| Street _____ | City _____ | State _____ | ZIP _____ |
| Telephone Number: () _____ | | | |
| Physician Name: _____ | | | |
| Address: | | | |
| Street _____ | City _____ | State _____ | ZIP _____ |
| Telephone Number: () _____ | | | |

SECTION C

Hospitalization: If Insured has been hospitalized, complete the following:

| Date of Confinement | Hospital | Address/Telephone Number | Diagnosis |
|---------------------|----------|--------------------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

SECTION D

| | |
|---|-----------------|
| Please read and sign the following: AUTHORIZATION TO RELEASE RECORDS: I authorize any hospital, physician or other person who has attended me or examined me to furnish American Republic Insurance Company or its representatives all information pertaining to the history any progress of my case. I agree that a photocopy or fax copy of this, my original authorization, shall be considered equally authentic. | |
| Signed: _____ | Date: / / |
| Relationship of authorized person: _____ | |

PLEASE RETURN COMPLETED FORM TO:
American Republic Insurance Company
Attention: Policy Claims
P. O. Box 1 • Des Moines, IA 50306-0001

For your protection state law requires the following statements to appear on this form.

FRAUD WARNING STATEMENT

| | |
|---|---|
| Alabama | Any person who knowingly presents 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, Louisiana, and 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. |
| 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. |
| 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. |
| Kansas | Any person who knowingly and with intent to defraud or damage, files a claim containing false, incomplete or misleading information, may be guilty of insurance fraud as determined by a court of law. Use of the mail to defraud is a violation of federal law. |
| Kentucky | Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. |
| Maine, Tennessee, Virginia, and Washington | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits. |
| 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. |
| Ohio | 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 is guilty of insurance fraud. |
| Oklahoma | Any person who knowingly, and with intent to injure, defraud or deceive, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. |
| Oregon | Any person who knowingly and with intent to defraud or damage, files a claim containing false, incomplete or misleading information, may be in violation of state law. Use of the mail to defraud may be a violation of federal law. |
| 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. |
| Residents of All Other States | NOTICE: Any person who knowingly and with intent to defraud or damage, files a claim containing false, incomplete or misleading information, may be in violation of state law. Use of the mail to defraud is a violation of federal law. |

The furnishing of forms does not constitute an admission of liability on the part of the Company.