



## FIRST OCCURRENCE EXPRESS PAYMENT/ INSTANT CASH BENEFIT PROCESSING FORM

As described in your certificate/ policy, the First Occurrence Express Payment/ Instant Cash Benefit is payable when you are diagnosed for the first time as having any **internal** cancer.

To receive prompt processing of the First Occurrence Express Payment/ Instant Cash Benefit, please complete Part A of this form, have the physician complete Part B, and then send it, **along with a copy of your Pathology Report showing the diagnosis of your internal cancer.** to the address shown above.

For additional benefits, please submit a completed claim form along with copies of your medical bills.

### PART A

Certificateholder's/Policyholder's Name: \_\_\_\_\_

Certificate/Policy Number: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

#### Patient's Statement:

I first consulted a physician for this illness on (month/day/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_; and, was never treated for or diagnosed as having any internal cancer before the date indicated above.

I authorize any licensed physician, medical practitioner, pharmacist, hospital, clinic, other medical or medically related facility, federal, state or local government agency, insurance or reinsuring company, consumer reporting agency or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me, to give any and all such information to the particular company to which I am submitting a claim, or to its legal representative. I understand that the information obtained by use of this authorization will be used only to evaluate my claim and may be transferred to any organization or person employed by or representing Conseco to assist with this purpose.

This authorization includes information about drugs, alcoholism, mental illness, sexually transmitted disease, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

This authorization is valid during the pendency of my claim and shall expire on the date my claim ends. I understand that my authorized representative or I have the right to request and receive a copy of this authorization. A photocopy of this authorization is as valid as the original.

Claimant Signature (or Authorized Representative) \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### PART B

Physician Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

#### Physician's Statement:

I have reviewed the medical history of the patient named above. This person:

- has been my patient since (month/day/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_;
- was first diagnosed as having internal cancer on \_\_\_\_ / \_\_\_\_ / \_\_\_\_; /and,
- was never treated for or diagnosed as having any internal cancer before the date of diagnosis, above.

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company that submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, may be committing a crime which is subject to criminal and civil penalties.

**AK, DE, RESIDENTS:** 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 RESIDENTS:** 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 RESIDENTS:** 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 RESIDENTS:** 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.

**CO RESIDENTS:** 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.

**DC RESIDENTS:** 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.

**FL RESIDENTS:** 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, IN, MN RESIDENTS:** A person who knowingly and with intent to defraud or deceive an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KS, TX RESIDENTS:** 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 as determined by state or federal law.

**KY RESIDENTS:** 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.

**LA, NM RESIDENTS:** 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.

**ME, TN, VA RESIDENTS:** 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.

**NH RESIDENTS:** 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.

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

**OH, OR RESIDENTS:** 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 RESIDENTS:** 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.

**PA RESIDENTS:** 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.