FCE BENEFITS

FCE Benefit Administrators, Inc.
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For FCE use only
Claim No.

DISABILITY CLAIM FORM

1. Employee's Name (First, Middle Initial, Last) Nombre del Empleado (Primer, Segunda Inicial, Apellido)	2. Employee's Date of Birth Fecha de Nacimiento del Empleado	3. Employer's Name Nombre del Patrón
4. Employee's Address / Domicilio del Empleado	5. Home Phone Telefono del Case	6. Social Security Number Numero de Seguro Social

To all physicians and other medical professionals, hospitals and other medical-care institutions, and to insurers, medical or hospital service and prepaid health plans, employers and group policy holders, contract holders or benefit plan administrators: You are authorized to provide FCE and any benefit plan administrators, consumer reporting agencies, attorneys and independent claim administrators acting on FCE's behalf, with information concerning medical care, advice, treatment or supplies provided the patient, including information related to mental illness and drug abuse or alcoholism, and any employment related information regarding the patient. This information will be used for the purpose of evaluating and administering claims for benefits. I understand that I have a right to receive a copy of this authorization upon request. I agree that a photocopy of this authorization is as valid as the original.

Para todos los médicos y otros profesionales médicos, hospitales y otras instituciones de atención médica, y para las aseguradoras, servicio médico u hospital y planes de salud prepagados, los empleadores y los asegurados de grupo, los titulares de contratos o administradores de planes de beneficios: Usted está autorizado para proporcionar FCE y cualquier beneficiar a los administradores del plan, las agencias de informes de los consumidores, abogados y administradores de reclamaciones independientes que actúan en nombre del FCE, con información relativa a la atención médica, consejo, tratamiento o suministros proporcionados al paciente, incluyendo la información relacionada con las enfermedades mentales y el abuso de drogas o alcoholismo, y cualquier información relacionada con el empleo en relación con el paciente. Esta información será utilizada con el propósito de evaluar y administrar las solicitudes de prestaciones. Yo entiendo que tengo el derecho de recibir una copia de esta autorización cuando la solicite. Estoy de acuerdo que una fotocopia de esta autorización es tan válida como el original.

7. Employee Signature
Firma del Empleado _____ Date / Fecha _____

EMPLOYER'S STATEMENT / DECLARACION DEL PATRON

Employee's Name	Plan Number	Is the sickness/injury related to any employment? Yes_____No _____

Job Title and Duties	Date Employed: _____ Hours Worked Weekly: _____ Salary or Rate of Pay: _____ Date Employee Last Worked: _____

When did employee become totally disabled? Date	When did employee return to light work? Date	When did employee return to full-time work? Date	If not returned, when expected to return? Date
Is he/she still employed? Yes_____No _____	Was he/she laid off? Yes_____No _____ Date	Was leave of absence granted? Yes_____No _____ Date	Was employment terminated? Yes_____No _____ Date

To the best of my knowledge and belief, all of the answers given by the employee and by me are true and complete. I recommend payment. Yes_____No _____	Employer's Name and Mailing Address

Signed on behalf of employer by:	Date	Title

PHYSICIAN OR SUPPLIER INFORMATION—INFORMACION DEL MEDICO O PROVEEDOR

Date	Illness (first symptom) or injury (accident) or pregnancy (LMP)	Date first consulted you for this condition	Has patient had same or similar symptoms? Yes_____No _____

Name of referring physician	For services related to hospitalization give hospitalization dates. Admitted Discharged

Name & address of facility where services rendered (if other than home or office)	Date Unable to Work Due to Disability: _____ Estimated Return to Work: _____ Expected Delivery Date (for pregnancy): _____

Diagnosis or nature of illness or injury.
1.
2.
3.
4.

Signature of Physician or Provider

Physician's or Supplier's Name, Address, Zip Code & Telephone No.

ALL QUESTIONS MUST BE FULLY ANSWERED OR MAY RESULT IN DELAYED PROCESSING.
TODAS LAS PREGUNTAS DEBEN SER CONTESTADAS COMPLETAMENTE O SE PRODUCIRA UN RETRASO.

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

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.

Important Notice

- ***In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island 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.

- ***For Residents of Alabama:*** 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 restitution fines and confinement in prison, or any combination thereof.

- ***For residents of 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.

- ***For residents of the District of Columbia:*** *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.

- ***For residents of 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.

- ***For residents of 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.

- ***For residents of Maine, Tennessee and Washington:*** 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.

- ***For residents of Oregon:*** Any person who knowingly and 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 may be guilty of a crime and may be subject to fines and confinement in prison.

- ***For residents of Maryland:*** 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.

- ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

- ***For residents of 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.

- ***For residents of New York:*** 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.

- ***For residents of Ohio:*** 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.

- ***For residents of Oklahoma:*** 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.

- ***For residents of 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.

- ***For residents of Texas:*** 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.

- ***For resident of Virginia:*** 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 false or deceptive statement may have violated state law.