



# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA CLAIM FORM

CLAIM FOR:

- Accident       Sickness       Heart Attack/ Heart Disease/ Stroke

Insured Name		Mailing Address	
Date of Birth	Social Security Number	Telephone Number	
Claimant Name	Date of Birth	Occupation	Social Security Number

1. Describe your illness or injury? \_\_\_\_\_

How did the injury occur: \_\_\_\_\_

If an *injury*, the date of occurrence: \_\_\_\_\_ If an *illness*, the date you first noticed symptoms: \_\_\_\_\_

2. Name and address of the *first* physician you consulted this condition? \_\_\_\_\_

3. Date, if ever, that you had similar condition before: \_\_\_\_\_

4. If you were confined to a hospital, the hospital's name and address: \_\_\_\_\_

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

5. Between what dates were you totally and continuously disabled? From \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

6. Between what dates were you partially disabled? From \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

7. If still disabled, when do expect to resume full duties? \_\_\_\_\_

8. List All Physicians Consulted in the Last Five Years:

<u>Name of Doctor</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Date</u>

9. If Claim is on Dependent, please answer the following:

Claim is on  Dependent spouse;  Dependent Child

Does the Claimant meet definition of covered person under the policy?  Yes  No

For spouse, the person must be named on the application and continually married since date of application. For child, the person must be named on the application if born prior to application. If born after application date, both must meet definition of Covered Person under the policy.

**IMPORTANT: TO AVOID DELAY, PLEASE SIGN AUTHORIZATION BELOW**

**NOTE:** DUE TO INTERNAL REVENUE SERVICE REQUIREMENTS CONCERNING SOCIAL SECURITY NUMBER VERIFICATION AND BACKUP WITHHOLDING REQUIREMENTS, THIS FORM IS REQUIRED TO BE COMPLETED PRIOR TO CLAIM PAYMENT.

1. Section 125: Were the premiums for your disability income policy paid with pre-tax dollars under a Section 125 Plan?  Yes  No

2. Federal Law requires us to send to the Internal Revenue Service a percentage of any income you may be entitled to unless you certify under penalties of perjury that you have shown your correct Social Security Number and you have not been notified that you are subject to an Internal Revenue Service backup withholding order.

Under Penalties of perjury, I certify that: (1) The Social Security Number shown in line (2) is correct, AND (2)  I have  I have not been notified by the Internal Revenue Service backup withholding order.

NOTICE TO ALL CLAIMANTS: Any person who knowingly and with intent to defraud any insurance company or other company files an application of insurance or statement of claim containing any materially false information, or conceals for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a substantial civil penalty where and to the intent allowed by state law.

**NAIC Fraud Notice:**

1. "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."

2. **California Fraud Warning** "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."

3. **New York Warning** "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."

4. **Pennsylvania Warning:** "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 materials thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

You are hereby authorized to permit National Union Fire Company of Pittsburgh, PA, and Bay Bridge Administrators, LLC and its authorized representatives to view and obtain a copy of ALL RECORDS as to examination, history, diagnosis, treatment and prognosis with respect to any physical or mental condition including psychiatric, drug, or alcohol treatment and disease. I agree a photographic copy of this authorization shall be valid as the original for two years.

Date \_\_\_\_\_ 20\_\_\_\_\_ Signed (patient, or parent if minor) \_\_\_\_\_

If someone other than patient executed this form and authorization, indicate reason: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

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



**Mail To:**  
**Bay Bridge Administrators, LLC**  
**P.O. Box 161690**  
**Austin, Texas 78716**