

DEATH CLAIM - CLAIMANT'S STATEMENT (PART TWO)

5. DOCTOR/HOSPITAL INFORMATION

IF ANY POLICY IS LESS THAN TWO YEARS OLD OR IF THE DEATH WAS BY ACCIDENTAL MEANS, PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME OF PHYSICIAN: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____
HOSPITAL NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

NAME OF PHYSICIAN: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____
HOSPITAL NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

NAME OF PHYSICIAN: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____
HOSPITAL NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

FRAUD WARNING NOTICES

EZ/E/WV...
 (The following information is for your information only.)

ZE/WV...
 (This information is for your information only.)

/dZ/dK&KhD/WtZE/EW...
 (This information is for your information only.)

&KZ/WV...
 (This information is for your information only.)

/E/EW...
 (This information is for your information only.)

EdhA/WV...
 (This information is for your information only.)
 material thereto commits a fraudulent insurance act, which is a crime.

Kh//EW...
 (This information is for your information only.)

Et:Z/WV...
 (This information is for your information only.)

K*DWtZE/EW...
 (This information is for your information only.)

WE/E/WV...
 (This information is for your information only.)

VIRGINIA: WARNING: 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.