SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
SECURITY MUTUAL BUILDING • 100 COURT ST.
P.O. BOX 1625 • BINGHAMTON, NY 13902-1625
607-723-3551 • www.smlny.com

# Waiver of Premium for Disability Claim Form
# Instructions and Additional Information

**Eligibility for Benefits Under the Waiver of Premium for Disability Rider is Dependent on the Insured Being Totally Disabled, as defined in the Rider form.**

**Is There A Waiting Period?** Yes. For most policies, the waiting period is 6 months. Please refer to your contract for specific details on your waiting period.

**Who Must Complete the Waiver of Premium for Disability Claim Form?** Your claim form is to be completed in full, signed and dated by you, the Insured.

**Where Are The Completed Forms Mailed?** Please send completed Insured's Statement and related documentation to:

> Security Mutual Life Insurance Company of New York
> Attn: Individual Claims
> PO Box 1625
> Binghamton, NY 13902-1625

Please make sure all forms are completed in full. Incomplete forms must be returned, which will result in a delay in the handling of your claim.

If you have any questions or require assistance in completing your form, please call us at 1-800-846-6305.

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## Waiver of Premium for Disability Claim Form

### Insured Information

Name of Insured: _____

Policy Number(s): _____ , _____ , _____

Date of Birth: _____ Social Security Number _____

Address: _____
  Number                           Street name                        Apt/Box # (if any)

_____
  City                             State                              Zip Code

Daytime Phone Number: _____ Cell Phone Number: _____

Email Address (optional): _____

### Employment Information

Occupation: _____
(Prior to disability)

Employer: _____
(Prior to disability)

Address: _____
  Number                                    Street

_____
  City                             State                              Zip Code

Phone Number: _____

### Disability Information

Date of Sickness or Injury: _____ Date Last Worked: _____

Nature of Sickness or Injury: _____

If injury, how and where did accident occur? _____

Have you had similar sickness or injury(ies) before? ❑ Yes ❑ No

If "Yes", please give date(s) and details. Attach a separate piece of paper if necessary.

_____

Have you returned to work? ❑ Yes ❑ No

If "No" when do you expect to return to work? _____

If still disabled, please describe your present activities: _____

_____

Are you currently receiving Social Security Disability Benefits? ❑ Yes ❑ No
If Yes, please provide a copy of your Social Security Disability Award Letter.

What other disability insurance do you have? Please list companies and monthly benefit amount. If additional space is needed, please attach a separate piece of paper.

_____ $_____

_____ $_____

_____ $_____

## Medical Information

Please provide the names and addresses of all doctors and hospitals that are treating or have treated you with regard to your current sickness or injury. Please print legibly. If additional space is needed, please attach separate piece of paper.

Hospital Name: _____

Address: _____
       Number          Street          City          State          Zip Code

Phone Number: _____

   Dates Seen:_____Reason Seen _____

   Dates Seen:_____Reason Seen _____

Doctor's Full name: _____

Address: _____
       Number          Street          City          State          Zip Code

Phone Number: _____

   Dates Seen: _____Reason Seen _____

   Dates Seen: _____Reason Seen _____

## Signatures

The statements made on this Waiver of Premium for Disability Claim form are true and complete to the best of my knowledge.

Residents of States other than New York: Fraud Warning: It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines, and denial of insurance in accordance with applicable state law. Please carefully review the "Claim Fraud Warning Statements" page, attached to and incorporated herein by reference.

**New York Residents: Fraud 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

Signed at (City and State) _____ Date _____

Signature of Policyowner:_____

Signature of Insured  ( if Insured is **not** the Policyowner): _____

# CLAIM FRAUD WARNING STATEMENTS

The laws of the states beneath require the Company to provide the following statements:

**Alabama:** Any person who knowingly presents a 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.

**Alaska:** 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.

**Arizona:** 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.

**Arkansas, 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.

**California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.**

**Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**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.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

**Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

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

**Kentucky:** 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.

**Maine, Tennessee, Virginia 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 may include imprisonment, fines or a denial of insurance benefits.

**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.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire:** 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 R.S.A. 638:20.

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

**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.

**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.

**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.

**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.

**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.

**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.