

CLAIMANT'S STATEMENT
FOR
ACCIDENT POLICY



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

- The Primary Insured should complete this form. In the event of an accidental death, the form is to be completed by the named beneficiary.
- Please complete form in its entirety. Incomplete forms will be returned.
- Please attach itemized doctor, hospital, ambulance, emergency room, physical therapy and any other itemized documentation of expenses.
- If a result of an automobile accident, please include a copy of the traffic accident report.
- Mail completed form and documentation to: Security Mutual Life Insurance Company of New York
Claims Department
PO Box 1625
Binghamton, NY 13902
- Questions? Please call 1-800-927-8846, Option 2

PRIMARY INSURED'S INFORMATION

Primary Insured's Full Name: _____ Policy Number: _____

Date of Birth: _____ Social Security Number: _____
mm/dd/yyyy

Address: _____
Street Address Apt/Unit/Lot No. City State Zip Code

Daytime Phone No.: _____ Evening Phone No.: _____ Email address: _____

CLAIMANT'S INFORMATION- If claim is for a covered dependent

Relationship to Primary Insured: ☐ Spouse ☐ Domestic Partner ☐ Dependent Child ☐ Dependent Grandchild

Claimant's Full Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female
mm/dd/yyyy

Address (if different from Primary Insured): _____
Street Address Apt/Unit/Lot No. City State Zip Code

If claimant is a dependent child under 26 years of age, please answer the following questions.

Does Dependent live with you? ☐ Yes ☐ No

Dependent's marital status? ☐ Married ☐ Single

If a dependent grandchild, was he/she claimed by you as a dependent for federal income tax purposes? ☐ Yes ☐ No

BENEFICIARY'S INFORMATION – In the event of accidental death.

Beneficiary(ies) Full Name: _____

Address: _____
Street Address Apt/Unit/Lot No. City State Zip CodeDate of Birth: _____ Social Security Number: _____
mm/dd/yyyy

Daytime Phone No.: _____ Evening Phone No: _____ Email address: _____

ACCIDENT INFORMATIONDate of Accident: _____ Location of Accident: _____
mm/dd/yyyy

Explain how the accident happened and the resulting injuries: _____

Was Claimant treated for the same or similar condition prior to this occurrence? ☐ Yes ☐ No If yes, when _____Was Claimant working for pay or profit when the accident occurred? ☐ Yes ☐ No mm/dd/yyyyIf yes, was accident covered by worker's compensation? ☐ Yes ☐ NoIf yes, are you claiming benefits under worker's compensation? ☐ Yes ☐ NoDate of Death, if applicable: _____ **Please submit an original death certificate.**
mm/dd/yyyy

The undersigned declares that the foregoing statements are true and complete and agrees to furnish additional information and documentation as may be required. I / we further certify under penalty of perjury that my correct social security number is shown on this form. It is understood that the furnishing of forms by the company does not constitute an admission that there is any insurance in force or benefit payments due nor does it constitute an admission of liability.

Residents of Other States: 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 Primary Insured: _____

Print Name of Primary Insured: _____ Phone No: _____

Signature of Claimant (If 18 years of age or older): _____
If Claimant under 18 years of age, signature of Primary InsuredPrint Name of Claimant (If 18 years of age or older): _____ Phone No: _____
If Claimant under 18 years of age, print name of Primary Insured

Signature of Beneficiary (in event of accidental death only): _____

Print Name of Beneficiary (in event of accidental death only): _____ Phone No: _____

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 and Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment for 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 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.
- 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, Idaho, Indiana and 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.
- District of Columbia:** WARNING: It is a crime to provide false or misleading information to any 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:** A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.
- 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 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- Ohio:** 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 is guilty of insurance fraud
- 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.
- Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
- 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.
- 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.