

CLAIM DEPARTMENT JOB TRAINING AND EDUCATION STATEMENT

Instructions: To be completed in full by Insured/Claimant

Date: _____

Name: _____ Policy Number(s): _____

Address: _____ Telephone: _____

Number Street City State Zip Code

Personal History

Marital Status: ☐ Single ☐ Married ☐ Widow/Widower ☐ Separated ☐ Divorced ☐ Civil Union/Domestic Partner

No. of Children under 18: _____ Their ages: _____

Spouse employed as: _____ ☐ Part Time ☐ Full Time

Education

Years of Schooling: ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 College: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Other: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Degree and/or Specialization: _____

Other Training (business, trade, military, etc.): _____

List any licenses, certificate of competency or membership in a professional organization you now hold or have held in the past:

Job Description

Job at time of disability: _____

Name of Company: _____

Address: _____

Number Street City State Zip Code

Dates employed: From: _____ To: _____ Job Title: _____

Duties were (check all that apply): ☐ Administrative ☐ Clerical ☐ Labor ☐ Mechanical or Skilled ☐ Technical ☐ Other

(explain): _____

Physical description of Job Duties (amount of lifting, standing, walking, sitting, amount of time at each duty, list any other special physical requirements): _____

Average Monthly Income at Time of Disability: _____

Previous Employment

List employers during the past fifteen years. If more space is needed, attach a separate sheet.

Company: _____

Address: _____
Number Street City State Zip Code

Dates employed: From: _____ To: _____ Job Title: _____

Description of Work: _____

Company: _____

Address: _____
Number Street City State Zip Code

Dates employed: From: _____ To: _____ Job Title: _____

Description of Work: _____

Do you believe you are reasonably fitted by training, education or experience to seek employment in another field if your present disability prevents you from returning to your usual occupation? ☐ Yes ☐ No If yes, in what other occupation could you apply for a job? _____

If no, please explain: _____

Would you be interested in a rehabilitation program if it were made available? ☐ Yes ☐ No

Please explain: _____

Fully describe your present activities: _____

Since your disability began, have you visited your place of business? ☐ Yes ☐ No If yes, give reasons: _____

During the dates you have been disabled, were you continuously totally and wholly unable to perform the material and substantial duties of any gainful occupation for which you are reasonably fitted by education, training, or experience? ☐ Yes ☐ No

If no, please explain: _____

During the period of disability did you work in any other occupation? ☐ Yes ☐ No

If yes, describe occupation, duties performed and income received: _____

SIGNATURES

I give Security Mutual Life Insurance Company of New York the right to investigate all statements made on this form.

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 thousands dollars and the stated value of the claim for each such violation.

Date: _____ Signed: _____

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.

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.