



WELLNESS BENEFIT | REQUEST FORM

THANKS FOR BEING OUR CUSTOMER!

Complete this form to request your calendar year Wellness Benefit.
Call us with questions at 800-370-5856, Monday through Friday, 8:00 A.M. to 5:00 P.M. CST.

WHERE TO SUBMIT YOUR REQUEST:
Attention: Claims Department
Mail: PO Box 1650 | Little Rock | AR | 72203
Email: claims@usablelife.com
Fax: 501-235-8400

POLICYHOLDER INFORMATION

WHO THE INSURANCE POLICY IS LISTED UNDER

POLICYHOLDER NAME (FIRST, LAST) SOCIAL SECURITY NUMBER POLICY NUMBER BIRTH DATE

EMPLOYER NAME POLICYHOLDER PHONE POLICYHOLDER EMAIL ADDRESS

HOME ADDRESS 1 ADDRESS 2 CITY STATE ZIP

PATIENT INFORMATION

WHO THE SERVICE/TEST WAS FOR

PATIENT NAME (FIRST, LAST) SOCIAL SECURITY NUMBER BIRTH DATE SERVICE/TEST DATE

PATIENT RELATIONSHIP TO POLICYHOLDER: SELF SPOUSE DEPENDENT

SERVICE/TEST PERFORMED | SELECT THE SERVICE OR TEST PERFORMED.

PLEASE NOTE: YOUR POLICY MAY NOT COVER ALL OF THE TESTS AND SERVICES LISTED BELOW. FOR AN ACCURATE LIST OF TESTS AND SERVICES COVERED BY YOUR POLICY, PLEASE REFERENCE YOUR CERTIFICATE OF INSURANCE.

- Routine Exam/Physical
- Vision Exam
- Dental X-Ray
- Chest X-Ray
- Flexible Sigmoidoscopy
- Hemocult Stool Specimen
- Colonoscopy
- Ultrasounds
- EKG
- Thermography
- Breast MRI
- Mammogram*
- Pap Smear-ThinPrep*
- Biopsy
- Cancer Prevention (*Vaccine/Immunizations*)
- CEA (*blood test for colon cancer*)
- PSA (*blood test for prostate cancer*)
- CA 15-3 (*blood test for breast cancer*)
- CA 125 (*blood test for ovarian cancer*)

***FOR PA RESIDENTS ONLY** | If applicable, enter the actual cost of service/test below.

MAMMOGRAM \$ _____ PAP SMEAR-THIN PREP \$ _____

PROVIDER INFORMATION

WHO PERFORMED THE SERVICE/TEST

NAME OF MEDICAL FACILITY PERFORMING PHYSICIAN NAME (FIRST, LAST)

MEDICAL FACILITY ADDRESS 1 ADDRESS 2 CITY STATE ZIP

REQUESTOR SIGNATURE

SIGN AND DATE YOUR REQUEST

I understand approved benefits will be sent to the home address listed above.

REQUESTOR RELATIONSHIP TO POLICYHOLDER: SELF SPOUSE DEPENDENT

PRINT NAME (FIRST, LAST) SIGNATURE SIGNATURE DATE

 **FRAUD WARNING:** EXCEPT AS NOTED IN THE SEPARATE FRAUD NOTICE, 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.



USABLE® LIFE | FRAUD NOTICE

FOR YOUR PROTECTION, THE LAWS OF SOME STATES MAY REQUIRE US TO FURNISH YOU WITH THE FOLLOWING NOTICE:

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. Please see below for special notices required by state law.

AL Residents Only: 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.

AK Residents Only: Any 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.

AZ Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CA Residents Only: 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.

CO Residents Only: 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.

DE, ID, IN, OK Residents Only: 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.

DC Residents Only: 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.

FL Residents Only: 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 of the third degree.

KS Residents Only: 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 may be guilty of a crime and subject to fines and confinement in prison as determined by a court of law.

KY Residents Only: 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.

ME and TN Residents Only: 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 and denial of insurance benefits.

MD, RI, TX Residents Only: 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.

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

NH Residents Only: 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 RSA 638:20.

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

OH Residents Only: 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.

OR Residents Only: 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 may be guilty of a crime and subject to fines and confinement in prison.

PA Residents Only: 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.

VT Resident Only: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VA and WA Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.



SIGN AND DATE BELOW

I have read and understand the Fraud Warning that applies to my state of residence.

LAST NAME, FIRST NAME, MI (PRINTED)

SIGNATURE

TODAY'S DATE