

The Wellness Benefit

Use this Chubb Workplace Benefits claim form or call us at 1-833-542-2013

CHUBB®

Signature required on reverse side for Fraud Notification

Policyholder Name

Policy Number

Address

City, State, ZIP Code

()

Phone Number

Wellness Screenings

4 Easy Ways to File your Claim:

1. **Call** us at 1-833-542-2013
2. **Online** at www.chubb.com/WorkplaceBenefitsClaims
3. **Fax** this completed form and your screening bill to 312-351-7120
4. **Mail** this completed form and your screening bill to:
Chubb Workplace Benefits
Claim Department
PO Box 6803
Scranton, PA 18505-6803

Note: In some situations we may request additional information to process the claim.

Which wellness screening test did you have?

- | | |
|---|---|
| <input type="checkbox"/> Blood test for triglycerides | <input type="checkbox"/> Pap smear |
| <input type="checkbox"/> Bone marrow aspiration or biopsy | <input type="checkbox"/> PSA (blood test for prostate cancer) |
| <input type="checkbox"/> CA 15-3 (blood test for breast cancer) | <input type="checkbox"/> Routine Eye Exams |
| <input type="checkbox"/> CA125 (blood test for ovarian cancer) | <input type="checkbox"/> Routine Physicals |
| <input type="checkbox"/> Carotid Doppler | <input type="checkbox"/> Serum cholesterol test to determine level of HDL and LDL |
| <input type="checkbox"/> Chest X-ray | <input type="checkbox"/> Serum protein electrophoresis (blood test for myeloma) |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Skin Cancer biopsy |
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Stress test on a bicycle or treadmill |
| <input type="checkbox"/> Fasting blood glucose test | <input type="checkbox"/> Thermography |
| <input type="checkbox"/> Fasting plasma glucose (FPG) | <input type="checkbox"/> Thin prep pap test |
| <input type="checkbox"/> Flexible sigmoidoscopy | <input type="checkbox"/> Two hour post-load plasma glucose |
| <input type="checkbox"/> Hemoglobin A1C (HbA1c) | <input type="checkbox"/> Virtual colonoscopy |
| <input type="checkbox"/> Hemocult stool analysis | <input type="checkbox"/> Well-child/preventive exams (birth-18) |
| <input type="checkbox"/> Immunizations | |
| <input type="checkbox"/> Mammography | |

Patient Name _____

Date of Service ____/____/____

Place of Service _____

Employer _____

Chubb Workplace Benefits
Claim Department
PO Box 6803
Scranton, PA 18505-6803
1-833-542-2013 | Fax Number: 1-312-351-7120

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. This insurance product is underwritten by Combined Insurance Company of America, Chicago, IL, a Chubb company. Chubb Workplace Benefits is a business unit of Combined Insurance Company.

Fraud Notifications

If you are a resident of or if the policy was issued in one of the following states, we are required to provide you with the following Fraud Warning Notification:

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: 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 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.

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 the 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.

LOUISIANA: 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.

MAINE: 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 RSA 638:20.

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.

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.

RHODE ISLAND: 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.

TENNESSEE: 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.

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.

VIRGINIA: 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.

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 include imprisonment, fines, and denial of insurance benefits.

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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or other persons, 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, subject to criminal prosecution and/or civil penalties.

Required Signature

The statements made by me on this claim form are true and complete. I have read and understand the fraud language specific to my state, if any, as shown on this document. Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Signature of Claimant X _____ Please Print Name _____