

**The Health and Wellness Benefit**

After your coverage has been in force for the applicable waiting period **as stated in your policy or certificate of insurance**, CHUBB will pay a Health and Wellness Benefit for any one of the health screening tests or procedures shown below. This benefit will only be paid once in a certificate or policy year for each person covered. The actual benefit amount you will receive is stated in your Schedule of Benefits that accompanies your Certificate of Insurance or Policy. To file a claim for a service provided, fax this completed form to 1-312-351-7120. Note: In some situations, additional information may be requested.

FIRST NAME										LAST NAME										M.I.			
ADDRESS																							
CITY																		STATE			ZIP		
E-MAIL ADDRESS (Your e-mail address will be updated with this information if different from the e-mail on file)																		PHONE NUMBER					
POLICY NUMBER(S)																							

Please enter the date of service.

MM	DD	YYYY
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Please check all screenings performed. **Refer to your policy or certificate of insurance for specific details about qualifying screenings.**

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

**If you had a Health or Wellness Screening at your workplace, please complete below:**

PLACE OF SERVICE										SERVICE PERFORMED BY									
EMPLOYER										EMPLOYER HUMAN RESOURCE SIGNATURE									

**Statements made by you on this claim form must be true and complete. Please review the Fraud Warning for your state on the attached Fraud Notification pages. You must sign and date this claim form on the signature line provided on the Fraud Notifications page. *If you do not sign this claim form, we cannot accept your claim submission.***

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**FRAUD NOTIFICATIONS**

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**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.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any 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 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 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.

