CONTINUING DISABILITY CLAIM FORM

FAX TO 1.800.880.9325
Questions? Call 1.800.325.4368
24 Hours A Day/7 Days a Week
Please Allow Two Weeks Processing Time

OR YOU MAY MAIL TO:
COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
Attn.: DISABILITY BENEFITS
P. O. BOX 100195
COLUMBIA, SOUTH CAROLINA 29202-3195

If the address given below has changed since your last claim please mark box with an "x". ☐

SECTION 1 TO BE COMPLETED BY POLICYHOLDER

Policyholder name	Claimant name	☐ Male ☐ Female	Claim Number (*see payment letter*) or Policy Number
Address (Street) City State Zip Code		Policyholder Social Security Number	Claimant Birthdate (MM/DD/YYYY)
Policyholder Email Address		Home Telephone ( )	Work Telephone ( )
Date and Description of Injury/Sickness		Did your injuries occur while working for wage or profit? ☐ Yes ☐ No	
List dates (MM/DD/YYYY) unable to work From: To:		If not employed, list dates (MM/DD/YYYY) of house confinement*: From: To:	
Have you returned to your place of employment? Date Returned to Work (MM/DD/YYYY) ☐ Yes, ☐ Full-time ☐ Part-time ☐ No		*house confinement means unable to do normal daily activities.	

SECTION 2 TO BE COMPLETED BY EMPLOYER OR PLAN ADMINISTRATOR

Dates (MM/DD/YYYY) Employee unable to work		Date Employee returned to his/her primary duties	
From: ☐ a.m. ☐ p.m.	To: ☐ a.m. ☐ p.m.	Date (MM/DD/YYYY) ☐ a.m. ☐ p.m.	Part-time ☐ Full-time ☐
Employee's position and primary duties			
Signed By	Title	Date (MM/DD/YYYY)	Employer's Telephone Number ( )

SECTION 3 TO BE COMPLETED BY PHYSICIAN

What is this patient's current primary disabling condition? _____

Symptoms:	Objective Findings:
Are there secondary conditions contributing to the disability? ☐ Yes ☐ No	If yes, what are they and would the patient be disabled without regards to these secondary conditions?

List any test(s) performed and submit a copy of the results.

List any surgeries performed and submit a copy of the operative reports.

Restrictions (What the patient SHOULD NOT do)

Limitations (What the patient CANNOT do)

What is your prognosis of recovery?

How soon do you expect significant improvement in the patient's medical condition? ☐ 1-2 months ☐ 3-4 months ☐ 5-6 months ☐ more than 6 months		Estimated Return to Work Date (MM/DD/YYYY)
Is this patient permanently disabled? ☐ Yes ☐ No	Is patient considered to be house confined and/or unable to perform 2 out of 5 activities of daily living*? ☐ Yes ☐ No *dressing, eating, transferring, toileting and meal preparation.	List dates (MM/DD/YYYY) of house confinement.* *house confinement means unable to do normal daily activities.
Dates (MM/DD/YYYY) of Total Disability From: To:	Dates (MM/DD/YYYY) of Partial Disability From: To:	Patient's return to work date (MM/DD/YYYY)
Dates (MM/DD/YYYY) of Office visits (Last 3 months)		Dates (MM/DD/YYYY) of Hospitalization (Last 3 months)
Is patient currently being treated by any other practitioner or therapist? If so, list name and address.		Name and Address of Hospital
Signature of Physician or Supplier	Date (MM/DD/YYYY)	Physician's Specialty
Telephone Number ( )	Doctor's Fax Number ( )	Tax ID or SSN
Physician/Supplier Group Name	Patient Number	Submit charges with assignment if applicable.
Address		

PLEASE SIGN AND RETURN THE ENCLOSED AUTHORIZATION AND CERTIFICATION BELOW TO AVOID DELAY.

CERTIFICATION

Policyholder/Employee's Name_____ Social Security Number_____

I have checked the answers on this claim form and they are correct. I certify under penalty of perjury that my correct social security number is shown on this form. I acknowledge that I received the "Claim Fraud Warning and State Versions" form and that I read the statement required by the State Department of Insurance for my state, if my state was listed on the form. 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.

___/___/___ _____ _____
Date (MM/DD/YYYY) PATIENT SIGNATURE POLICYHOLDER/EMPLOYEE SIGNATURE

Continuing Disability Claim Form

Do Not Use This Form If This Is The FIRST Time You Have Filed For Benefits For THIS Injury/Sickness

Colonial Life & Accident Insurance Company

1200 Colonial Life Boulevard

P. O. Box 100195, Columbia, South Carolina 29202

1-800-325-4368 or Fax 1-800-880-9325

Claim Fraud Warning and State Versions

Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a felony.

Resident State	State Version of Fraud Warning
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.
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.
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.
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.
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.
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.
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 containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	Any person who knowingly and with 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 and willfully presents a false or fraudulent claim for payment of loss or benefit or who knowingly and 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.

Resident State	State Version of Fraud Warning
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.
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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
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.
Oregon	Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
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 (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If 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.
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.