LIFE INSURANCE COMPANY OF ALABAMA
P.O. BOX 349 GADSDEN, AL 35902

CLAIMANT'S STATEMENT FOR ACCIDENT CLAIM

Please complete the Claimant's Statement, answering ALL questions on the form. Please submit the completed form to the above address along with the following information:

(1) An Accident or Police Report is required for all Motor Vehicle Accidents.
(2) A fully itemized statement of expenses (UB92 or HCFA) from the hospital or physician for the services rendered (for example: ER visit, crutches, x-rays).
(3) Medical certification is required for the entire period you are disabled.

POLICYHOLDERS NAME: _____ POLICY NO(S): _____

ADDRESS: _____

PHONE: _____-_____-_____ SSN: _____-_____-_____ DATE OF BIRTH: _____-_____-_____

❑ Check here if New Address ❑ Male ❑ Female

Employer's Name: _____ Employer's Phone:_____-_____-_____

Employer's Address: _____

Supervisor's Name: _____

THIS CLAIM IS ON: ❑ Insured ❑ Your Spouse ❑ Your Child ❑ Male ❑ Female

If the claim is on your spouse or child, please complete the following:

Patient's Name: _____ SSN:_____-_____-_____

Date of Birth: _____-_____-_____ Relationship to Policyholder: _____

What condition are you claiming? _____

Date Physician was first consulted for this condition: _____

Primary Physician's Name: _____ Phone No: _____-_____-_____

Address: _____

1st Physician's Name: _____ Phone No: _____-_____-_____

Address: _____

2nd Physician's Name: _____ Phone No: _____-_____-_____

Address: _____

If you were hospitalized: Date Admitted: _____-_____-_____ Date Discharged: _____-_____-_____

Name of Hospital: _____ Phone No: _____-_____-_____

Address of Hospital: _____

Date injured: _____-_____-_____ Time of Accident: _____ Where did accident happen?_____

Did the accident happen while working on-the-job? ❑ Yes ❑ No

Tell us exactly how the accident happened. _____

_____

IMPORTANT NOTICE: 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.

I certify the above information is true to the best of my knowledge.

_____ _____-_____-_____

Signature Date