

ACCIDENT CLAIMS FAX TRANSMITTAL

ManhattanLife Assurance

Manhattan Life

Family Life

Please Fill in the following lines with your current personal information.

Number of Pages Including Cover: _____

Date: _____

To: CLAIMS DEPARTMENT

From: _____

Email Address: _____

Fax: _____

Phone Number: _____

Policy Number(s): _____

Policyholder Name: _____

Please Fax Multiple Claims Separately

Claim Type:

24 Hour Accident

Protector Series

Riders:

Accident Disability Income Benefit

Accident Only Disability Income

Accident and Sickness Disability Income

All Accident Claims Should Be Faxed to 713-583-0677

Additional Information: _____

Please **DO NOT** send more than one claim with each fax transmission.

Each Policy or Covered Person requires a separate fax cover page and a separate fax transmission.