



# Aetna Critical Illness Plan Benefits Request

Internal Use

Category Code	VPCF
Office Key Code	039

**Please call our Customer Service Center at [1-800-607-3366](tel:1-800-607-3366) between the hours of 8:00 AM to 6:00 PM if you have any questions about benefits, or how to file your claim, or if you wish to appeal a decision.**

The completion of this form does not guarantee payment.

### A. Instructions for filling out this form

1. Please check the box(es) that best describes your claim.

Check Box	Covered Benefit
<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Heart Attack (myocardial Infarction)
<input type="checkbox"/>	Stroke
<input type="checkbox"/>	Major organ failure
<input type="checkbox"/>	Coronary Artery Condition requiring bypass surgery
<input type="checkbox"/>	End Stage Renal Failure
<input type="checkbox"/>	Other: _____ Please refer to your plan certificate for a full list of eligible Critical Illness Benefits

*\*If your policy includes the optional cancer benefits and you are requesting benefit payment for Cancer, please provide a pathology report and /or clinical diagnosis.*

2. Complete items in **Section B** in full.
3. Complete and sign **Section E**.
4. Have Physician complete **Sections C & D** in full.
5. Please provide documentation to support your claim such as an itemized statement, medical records, pathology report, etc.
6. Retain copies of your bills for your record.
7. Send the completed benefits request and the bills to:
 

**Aetna Voluntary Plans**  
**PO Box 14079**  
**Lexington, KY 40512-4079**

**Fax to: 1-859-455-8650**  
**Phone: [1-800-607-3366](tel:1-800-607-3366)**

**NOTE: INCOMPLETE CLAIM FORMS WILL DELAY THE PROCESSING OF THE CLAIM.**

### B. Employee and Patient Information (to be completed by Employee)

1. Employee's Name/First <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last</span>		
2. Employee's address (include ZIP code) <input type="checkbox"/> Check if address is new		
3. Employee's e-mail	4. Employee's Policy/ Group Number	5. Employee's W ID # or SSN
6. Employee's Birthdate (MM/DD/YYYY) / /	7. Employee's Gender (If you prefer not to disclose, leave blank) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary/Other	8. Daytime phone number ( ) -
9. Occupation	10. Employer Name	11. Contact number ( ) -
12. Patient's name (if not employee)		13. Patient's W ID# or SSN (if different than above)
14. Patient's address (if different than employee)		
15. Patient's Birthdate (MM/DD/YYYY) / /	16. Patient's Gender (if not employee) (If you prefer not to disclose, leave blank) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary/Other	17. Patient's relationship to policy/certificate holder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other



## Misrepresentation Section

**Any person who knowingly and with intent to injure, defraud or deceive 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.**

**ILLINOIS INTEREST STATEMENT:** For contracts issued in and residents of Illinois, unless payment is made within fifteen (15) days from the date of receipt by the company of due proof of loss, interest shall accrue on the proceeds payable because of the death of the insured, from date of death, at the rate of 9% on the total amount payable or the face amount if payments are to made in installments until the total payment or the first installment is paid.

### **FRAUD WARNINGS BY STATE**

**NOTICE IN 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.

**NOTICE IN ALASKA, ARKANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, AND VIRGINIA:** Any 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.

**NOTICE IN DELAWARE, IDAHO, INDIANA, MINNESOTA, AND OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

**NOTICE IN 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.

**NOTICE IN CALIFORNIA:** For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE IN 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.

**NOTICE IN DISTRICT OF COLUMBIA: FRAUD NOTICE:** 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.

**NOTICE IN 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.

**NOTICE IN 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.

**NOTICE IN NEW HAMPSHIRE:** Any person who, with a purpose to injure, defrauds or deceives 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.

**NOTICE IN 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.

**NOTICE IN OREGON:** Any person who makes intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE IN 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.

**NOTICE IN PUERTO RICO:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**NOTICE IN TENNESSEE AND 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. **NOTICE IN 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.

**NOTICE IN WEST VIRGINIA AND 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.

**NOTICE IN 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.

**Signature:**

**Date (MM/DD/YYYY):**

