

## **VB Maternity Express Disability Claim Form - Employee Statement**

The offering Company(ies) listed below, severally or collectively, as the content may require, are referred to in this authorization as "We or "ManhattanLife."

Life, Specified Disease/Critical Illness, Hospital Indemnity, and Accident Insurance products insured by ManhattanLife Insurance Company.

\* If you are filing **prior** to delivery please fill out **VB Initial Disability Claim Form**

### Employee Information:

Employee's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Daytime Phone number (\_\_\_\_) \_\_\_\_\_ Please check if change of address

Employer's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Date Last Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Return to Work Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Treating Physician's Name \_\_\_\_\_

Treating Physician's Phone Number (\_\_\_\_) \_\_\_\_\_

### Deduction of Premium:

***If your policy is currently active and paid through the disability start date, we will deduct premiums from your disability benefit to keep your premiums paid to date and your policy in force. This will eliminate the risk that your policy be terminated for lack of premium payments and/or the need to pay past premiums when you return to work.***

*If you do not want premiums deducted from your benefit, select the waiver option below, then sign and date your request.*

I **do not** want premiums deducted from my disability benefit.

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

Any Person, who with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. (See State Specific Fraud Warning Statements on page 4)

**The above Statements are true to the best of my knowledge and belief.**

\_\_\_\_\_  
**Signature of Policyholder**

\_\_\_\_\_  
**Date**

Mail to:  
ManhattanLife  
VB Claims  
PO Box 926169  
Houston, TX 77092

Customer Service: 1-855-448-6982  
Or Fax to: 1-502-405-7107  
Email to: [vbclaimssubmissions@manhattanlife.com](mailto:vbclaimssubmissions@manhattanlife.com)



# **VB Maternity Express Disability Claim Form – Physician Statement**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Disability Information:**

Date of Delivery: \_\_\_\_/\_\_\_\_/\_\_\_\_ Delivery Type:  Vaginal  C-section

First date the patient was treated for the pregnancy: \_\_\_\_/\_\_\_\_/\_\_\_\_

Any Person, who with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. (See State Specific Fraud Warning Statements on page 4)

### ***The below Statements are true to the best of my knowledge and belief***

Printed Name of Physician \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

Specialty \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Tax ID \_\_\_\_\_

Email Address \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Attending Physician\* \_\_\_\_\_ Date \_\_\_\_\_

\*Note form must be signed by medical doctor duly licensed in the state where services are rendered

# **VB Maternity Express Disability Claim Form - Employer Statement**

Employee's Name \_\_\_\_\_ Policy No. \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee Last Worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this a Section 125 Plan? (If YES is selected taxes will be taken out of member's disability checks)  Yes  No

Employee's percentage (%) of premium contribution: Employee pays \_\_\_\_\_% Employer pays \_\_\_\_\_%

Any Person, who with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. (See State Specific Fraud Warning Statements on page 4)

### ***The above Statements are true to the best of my knowledge and belief***

Employer's Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Printed Name of Person Completing Form \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Mail to:  
ManhattanLife  
VB Claims  
PO Box 926169  
Houston, TX 77092

Customer Service: 1-855-448-6982  
Or Fax to: 1-502-405-7107  
Email to: [vbclaimssubmissions@manhattanlife.com](mailto:vbclaimssubmissions@manhattanlife.com)

## State Specific Fraud Warning Statements

### ManhattanLife

Any Person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits and Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. We may notify all state and federal law enforcement agencies of any suspected Fraud, as determined by Us. We reserve the right to recover any payments made by Us that were made to You and/or any party on Your behalf, based on fraudulent or misrepresented information.

**Alaska, Delaware, Idaho, Indiana, Maine, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, Tennessee, Texas, Washington, West Virginia:** Any Person who, with the intent to defraud or knowingly submits an application or claim containing a false or fraudulent statement may be subject to prosecution and punishment for insurance fraud.

**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.

**Arkansas, Louisiana, 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.

**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 statement 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.

**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.

**Kentucky, 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.

**Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**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.

**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 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 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.

**Virginia:** Any person who, with the 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 may have violated the state law.