



SOLUTIONS FOR THE UNION WORKPLACE

ACCELERATED LIFE BENEFIT CLAIM FORM PLEASE PRINT

Please submit this form to: GROUP LIFE CLAIM DEPARTMENT The Union Labor Life Insurance Company 8403 Colesville Road • Silver Spring, MD 20910 Phone: (866) 795-0680 • Fax: (202) 962-2939

TO BE COMPLETED BY POLICYHOLDER

This is to certify that the above claimant is insured under Group Policy Number; Certificate Number; in the principal sum of \$; that claimant was eligible for insurance at the commencement of disability; and that we believe said claim to be submitted in good faith.

Policyholder: Date:

Signature of officer: X Title: Date:

PHYSICIAN'S STATEMENT

Patient's full name: Date of birth:

On what date did you first treat the patient? Place of treatment:

Print attending physician's name: Phone:

Address: City: State: Zip:

Physician's signature: X Date:

Note to the Insured

- Please complete page 3 of 4 of this form in its entirety. Please make certain that all pertinent questions are answered and the proper supporting documents are included before forwarding claim to avoid unnecessary delay in processing. You are responsible for obtaining a letter with a diagnosis and life expectancy; and medical records at your own expenses from your attending physician(s).

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PLEASE COMPLETE ALL PAGES



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FRAUD NOTICES

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.

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.

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.

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.

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 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 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 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.

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.

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.

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.

For all other states: WARNING: Any person, acting alone or in concert with another, who knowingly and with intent to defraud, injure, or deceive any insurance company submits a claim or application containing any false, deceptive, incomplete or misleading information may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties or denial of benefits.

I attest that I have reviewed, understand and acknowledge the fraud warning(s).

Member or Claimant's Signature

Date

PLEASE COMPLETE ALL PAGES

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**ACCELERATED LIFE BENEFIT
CLAIM FORM**

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IMPORTANT:

**Please make certain that all pertinent questions are answered and the proper supporting documents are included before forwarding claim to avoid unnecessary delay in processing.
You are responsible for obtaining a letter with a diagnosis and life expectancy; and medical records at your own expense from your attending physicians(s).**

Full name: _____ SSN: _____ Date of birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Name of employer: _____
Employer's address: _____ City: _____ State: _____ Zip: _____
Occupation: _____ Last day worked: _____
Name of physician (1): _____ Date of first treatment by a physician (1): _____
Address of physician (1): _____ City: _____ State: _____ Zip: _____
Name of physician (2): _____ Date of first treatment by a physician (2): _____
Address of physician (2): _____ City: _____ State: _____ Zip: _____

ULLICO BENEFICIARY ASSET ACCOUNT*

If your insurance benefit is \$10,000 or more, please complete this section.

You may select from the two options below to receive your benefit payments. If you choose the Beneficiary Asset Account, The Union Labor Life Insurance Company will open a free, interest-bearing Ullico Beneficiary Asset Account in your name. The free drafts and a description of this service will be sent to you upon approval of this claim. Some of the features include:

Safety – The full amount in the Account, including interest earned, is completely guaranteed by The Union Labor Life Insurance Company.

Competitive – The Account earns a competitive interest rate. Interest is compounded daily and credited monthly to your account. Go to www.Ullico.com/BeneficiaryAssetAccount for the current interest rate and further information.

Convenient – You may immediately withdraw amounts as large as the entire account balance. There is no limit to the number of drafts you can write each month, as long as their combined total does not exceed your account balance.

Free – There are no monthly service fees, closing fees, or draft charges.



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ULLICO BENEFICIARY ASSET ACCOUNT*

(continued)

Full-Service – Toll-free telephone access to specially trained Customer Service Representatives is available.
Account Statements - You will receive monthly statements of transactions showing withdrawals, interest credited, applicable rate(s) of interest and any other activity. Cancelled drafts will be retained by The Bank of New York Mellon. Copies of cancelled drafts can be obtained by contacting Customer Service at (844) 233-3987.

Interest - Interest is earned on your Ullico Beneficiary Asset Account from the date the account is established until the date each draft clears. Interest is compounded daily and is credited to the account at the end of each month or when the account is closed. The interest rate will be determined by The Union Labor Life Insurance Company and will be reviewed periodically and changed at the discretion of Union Labor Life. Minimum interest rate is 0.25%. Interest paid on this account may be taxable.

Please consult your tax advisor.

Drafts drawn on the Ullico Beneficiary Asset Account are payable through The Bank of New York Mellon and clear through Federal Reserve Banks*. The account balance is fully guaranteed by The Union Labor Life Insurance Company.

*The account is not FDIC insured and the amount in the account may exceed the limit protected by the state insurance guaranty fund in case of insurer insolvency. They are however backed by the financial strength of the insurance company as were the premiums paid into the insurance policy. In addition, they are guaranteed by State Guaranty Associations. For more information on your specific state, see The National Organization of Life & Health Guaranty Associations (NOLHGA) web site at www.nolhga.com.

Time to Decide – Your Ullico Beneficiary Asset Account is designed to give you easy access to your money, while earning a competitive interest rate from the moment your account is established.

You may choose an option other than the Ullico Beneficiary Asset Account, such as a check for the entire amount of the benefit. For details on other settlement options, contact the Group Life Claim department at 866-795-0680 or write to: 8403 Colesville Road, Silver Spring, MD 20910. Check the appropriate box below:

- Yes, please open a Ullico Beneficiary Asset Account
- Please send a check for the full amount _____

* The Ullico Beneficiary Asset Account is not available to the beneficiary if: (1) the benefit amount is less than \$10,000; (2) the beneficiary is a minor; (3) the beneficiary resides in a foreign country; (4) the beneficiary is a corporation, partnership, tax exempt entity, trust, or any other third party. If no selection is made, a check for the full amount will be sent.

Signature of Beneficiary _____ Date _____

PLEASE SIGN AS YOU WOULD SIGN A CHECK

PLEASE COMPLETE ALL PAGES