

# Weekly Disability Benefit Claim Form



## How to File your Claim:

- Complete all questions (CLAIMANT'S STATEMENT, Part 1)  
If additional space is needed, attach a separate sheet/document.
- Sign and Date the completed form.
- Have (EMPLOYER'S STATEMENT, Part II) completed and signed by your employer.
- Have (ATTENDING PHYSICIAN STATEMENT, Part III) completed and signed by your doctor.

**IN ORDER TO AVOID DELAY, PLEASE ANSWER ALL QUESTIONS COMPLETELY AND CLEARLY**

## PART I

## CLAIMANT'S STATEMENT

First Name	Last Name	Date of Birth: (mm/dd/yyyy)	Policy Name:	Policy#:
Mailing Address:			Phone Number:	Email Address:
Were you employed when your Disability began? Yes ___ No ___	Describe injuries sustained. If an accident, state where or how it occurred:			
Date of Accident or Injury: (mm/dd/yyyy)	Date you stopped working because of this condition: (mm/dd/yyyy)	Date you resumed work: (mm/dd/yyyy)		
Medical treatment in the past five years related to this injury, including current physicians:			Dates of Total Disability: From: _____ To: _____	
List of any other sources of Disability Income benefits claimed, including Worker's Compensation and Social Security, (if none, please indicate so):				
Is the injury related to an Auto accident:  Yes ___ No ___ (If yes, please provide a copy of the accident report and any auto insurance award or denial letter)				
<p><b>AFFIDAVIT:</b> I verify that the statement on the other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. mail may be fraudulent and violate federal laws, as well as state laws.</p> <p>I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim, I will reimburse ACI to the extent for which ACI would not have been liable.</p> <p><b>AUTHORIZATION TO RELEASE INFORMATION:</b> I authorize any health care provider, doctor, medical professional, medical facility, insurance company, person or organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment-related information concerning the patient, to ACI and its designees.</p>				
Signature _____ Date _____				

Administrative Concepts, Inc.

P.O. Box 4000 Collegeville, PA 19426-9000

Business Hours: 7am-8pm EST

Phone 888-293-9229; Fax 610-293-9299

Email: [aciclaims@acitpa.com](mailto:aciclaims@acitpa.com)

**PART II****EMPLOYER'S STATEMENT**

Employer's Name		Business Phone#	Claimant's Occupation	Usual Duties
Date work ceased	Date resumed	Please list any other disability benefits this employee is eligible for through your company		
Name and address of compensation carrier <i>(if applicable)</i>				
Employer's Signature		Official Position/Title		Date
Employer Phone#		Employer Email Address		

**Please provide a list of the claimant's work schedule  
and the dates missed due to Total Disability**

**PART III****ATTENDING PHYSICIAN STATEMENT (Please Answer All Questions)**

<b>Diagnosis (Standard Medical Nomenclature) ICE8.CM a/o DSM III.R codes and impairments:</b> Diagnosis and Concurrent Conditions:		
Patient First Name	Last Name	Date of Birth:
Date symptoms first appeared, or accident occurred?	Date patient first consulted you about this condition?	
Has the patient ever had the same or similar condition before? Yes ___ No ___	Is the present condition the sole cause of the disability?	
If not, what are the other contributing factors?	If patient has been hospitalized, give dates: From: _____ To: _____	
Name and address of hospital (if applicable):	Dates of Total Disability: From: _____ To: _____	
If the patient was/is not Totally Disabled, please provide the details of their extent/limitations to work		
Please provide the name and address of any other known physicians treating the patient for the Total Disability:		
Physician's Signature	Date	Degree
Mailing Address:		Office Phone#:

**Please provide full Medical Records in support  
of this patients Total Disability**

### **Important Notice**

- ❖ ***In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:*** 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.
- ❖ ***For Residents of Alabama:*** 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 restitution fines and confinement in prison, or any combination thereof.
- ❖ ***For residents of California:*** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ❖ ***For residents of 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.
- ❖ ***For residents of the 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.
- ❖ ***For residents of 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.
- ❖ ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
- ❖ ***For residents of Maine, 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.
- ❖ ***For residents of 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.
- ❖ ***For residents of New Hampshire:*** Any person who, with a purpose to injure, defraud, or deceive 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.
- ❖ ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ❖ ***For residents of 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.
- ❖ ***For residents of 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.
- ❖ ***For residents of 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.
- ❖ ***For residents of Oklahoma:*** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ❖ ***For residents of Oregon:*** Any person who knowingly and 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 may be guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of 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.
- ❖ ***For residents of 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.
- ❖ ***For resident of 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 false or deceptive statement may have violated state law.