



## **ATTENTION:**

Claim forms should be: mailed, faxed or emailed to:

[jade@waregroupga.com](mailto:jade@waregroupga.com)

Fax: 217-954-0348

3808 W. Springfield Ave. Suite C

Champaign, IL. 61822

Please provide office notes or documentation that show anything that pertains to injuries such as:

- ER Visit or initial visit. Provide info showing name of patient, date of visit, reason for visit.
- Follow up visits. Provide info showing name of patient, date of visit, reason for visit.
- Any CT scans or MRIs that were performed with diagnosis of injury (if applicable). Please note that X-rays are not a payable benefit but diagnosis of injury on an X-ray report is payable.
- Proof of physical therapies performed by a licensed physical therapist (if applicable)
- Any diagnosis of fracture, tear, dislocation, concussion, laceration (if applicable)
- Police report (if applicable)

When gathering this documentation, rather than requesting "Medical Records", please request itemized billing showing diagnosis codes or office/visit notes or summaries. If possible, you could obtain this information by logging in to a patient portal to retrieve the appropriate documentation. For an accident that involved a surgery, please include an operative report.

For assistance, please call:

Jade Schweighart

Senior Customer Service Specialist

Ware Group General Agencies

Toll Free: 855-535-4231 Ext 210

Fax: 217-954-0348

[jade@waregroupga.com](mailto:jade@waregroupga.com)



## ACCIDENT INSURANCE CLAIM FORM

Mail, email or fax your claim to us at:  
300 SW Adams St, Peoria IL 61634  
claims@IllinoisMutual.com  
Fax (309) 673-8137

Policy Number	Claim Number	Date
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### CLAIMANT'S INFORMATION

Name (First, MI, Last)	Date of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married	Relationship to Policyowner: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Check if dependent is full-time student

### POLICYOWNER'S INFORMATION

Name (First, MI, Last)	
Address (Street or PO Box, City, State, Zip)	
Cell Phone	Email
Home Phone	Employer's Phone

### ACCIDENT INFORMATION

Date of Accident	Please select one: <input type="checkbox"/> On-Job Accident <input type="checkbox"/> Off-Job Accident
First date of treatment for this accident:	
Accident description:	

### REQUIRED DOCUMENTATION

To prevent a delay, please submit medical documentation from your healthcare provider(s) to support this claim. **We require documentation that includes a diagnosis and verifies treatment was the result of a Covered Accident as defined in the policy.** Examples include:

- After Visit Summary/Discharge paperwork
- Emergency Room report
- Treatment/office notes
- Ambulance report
- Operative report, if surgery was performed
- Diagnostic testing reports
- If admitted and confined to a hospital, an itemized bill that includes room charges and the number of days the covered person was in the hospital is required.

**Please review your policy and submit any additional documentation for benefits not referenced above.**

**CLAIMANT'S INFORMATION**

*If you purchased any of the supplemental benefits listed below and wish to file a claim under them, please mark the applicable box and follow the additional instructions.*

- Sickness-Hospital Confinement Rider – Submit a hospital bill which includes days confined and a diagnosis.
- Catastrophic Accident Rider – Submit your physician's letter of verification after the expiration of the elimination period.
- Off Job Accident Only Disability Rider – Complete the required section below.

**Off Job Accident Only Disability Section**

If you purchased the Off Job Accident Only Disability Rider and are filing a claim for these benefits due to lost time from work, please answer the following questions.

Because of this accident, what was the last date you worked? Date \_\_\_\_\_

Employer Name and Address \_\_\_\_\_

Occupation \_\_\_\_\_

When did you first return to work? Part Work \_\_\_\_\_ Full Work \_\_\_\_\_

I am claiming TOTAL Disability from \_\_\_\_\_ to \_\_\_\_\_

I am claiming PARTIAL Disability from \_\_\_\_\_ to \_\_\_\_\_

**Notice:** Your signature and date on this form indicates that you acknowledge the fraud warning applicable in your state as indicated on the attached page.

\_\_\_\_\_  
Claimant's Signature (if minor parent must sign)

\_\_\_\_\_  
Relationship, if not Policyowner

\_\_\_\_\_  
Date

**Please complete the section below if you authorize Illinois Mutual to release details of your claim, including medical information, to your agent and their office personnel.**

\_\_\_\_\_  
Claimant's Signature (if minor parent must sign)

\_\_\_\_\_  
Policyowner's Signature, if not Policyowner

\_\_\_\_\_  
Date

**GENERAL FRAUD STATEMENT: 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 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.

*For residents of Alaska:* A 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.

*For residents of 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.

*For residents of Arkansas, 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 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.

*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 Delaware:* Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

*For residents of 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 Georgia:* 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, may be guilty of a crime and may be subject to fines and confinement in prison.

*For residents of Idaho:* Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

*For residents of Indiana:* A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

*For residents of Kansas:* 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, may be guilty of insurance fraud as determined by a court of law.

*For residents of Kentucky:* Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

*For residents of Maine:* It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a 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 Minnesota:* A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

*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 N.H. Rev. Stat. Ann. § 638:20.

*For residents of New Jersey:* Any person who knowingly files a statement of claim containing any false or misleading information 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 presents a false or fraudulent claim for payment of a loss or benefit, or knowingly 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 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 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 residents 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 claim containing a false or deceptive statement may have violated state law.

**Underwritten by: Illinois Mutual Life Insurance Company**  
Home Office 300 S.W. Adams Street Peoria, IL 61634 Phone 309.674.8255