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SYMETRA
RETIREMENT | BENEFITS | LIFE

**Select Benefit Administrators**
Mailing Address: Select Benefit Administrators
PO Box 440 | Ashland, WI 54806
Overnight deliveries to: 118 3rd Street East | Ashland, WI 54806
Phone 1-800-497-3699 | Fax (715) 682-5919

# HEALTH SCREENING BENEFIT

**If you have any questions regarding our determination of your claim, you may contact our Customer Service Center at 1-877-377-6773.**

## EMPLOYER'S STATEMENT

Employer _____ Group Policy no. _____
Insured employee's name _____ Policy no. _____
Address _____
_____ Phone _____

Filing a claim for your calendar year Health Screening Benefit is easy! If you've had one of the listed preventative tests shown below, please check the appropriate boxes and attach any documentation you may have showing the provider, patient's name, the date of the test, and the exam performed. If your policy was issued in Pennsylvania or California, please send us the actual bill and the Explanation of Benefits from your health Insurance carrier.

Thank you for electing a Select Benefits worksite program and for having your annual wellness exam!

## CLAIMANT'S STATEMENT

Claim is for ☐ EMPLOYEE ☐ SPOUSE

Employee's full name _____ Spouse's full name _____
Date of birth _____ SSN _____ Date of birth _____ SSN _____
Address _____ Address _____
_____ _____
Phone _____ Phone _____

A Health Screening benefit is payable once during a **Calendar Year**, regardless of the number of X-ray and laboratory tests administered during that year. This benefit is available for Employee and Spouse. *Child(ren) are not covered.* To claim this benefit, please complete this form and send to the address above. Include documentation of tests performed.

| HEALTH SCREENINGS | |
|---|---|
| ☐ Biopsy | ☐ Fasting blood glucose test |
| ☐ Blood test for triglycerides | ☐ Flexible sigmoidoscopy |
| ☐ Bone marrow testing | ☐ Hemocult stool specimen |
| ☐ Breast ultrasound | ☐ Mammogram |
| ☐ CA 125 (blood test for ovarian cancer) | ☐ Pap test |
| ☐ CA 15-3 (blood test for breast cancer) | ☐ PSA (prostate-specific antigen tests) |
| ☐ CEA (blood test for colon cancer) | ☐ Serum cholesterol test to determine HDL/LDL level |
| ☐ Chest x-ray | ☐ Serum protein electrophoresis (blood test for myeloma) |
| ☐ Colonoscopy | ☐ Stress test on a bicycle or treadmill |
| ☐ Chest x-ray | ☐ Thermography |

To avoid delay, please sign authorization below.
I authorize any physician, medical practitioner, hospital clinic or other medical facility, insurance company, the Medical Information Bureau or other organization institution or person, that has records or knowledge of me or my health to give to Symetra Life Insurance Company (Symetra), its subsidiaries or its reinsurers any information relating to my claim. A copy of this authorization is as valid as the original. This authorization applies to any dependent on whom a claim is filed. This authorization is valid for a period of 24 months from the date signed. I understand that I may revoke this authorization at any time by notifying Symetra in writing of my desire to do so. I or my representative may receive a copy of this authorization by supplying policy number(s) and insured's name in a written request to the company (In Maine – I understand that revocation of this authorization may be a basis for denying insurance benefits. Failure to sign an authorization statement may impair the ability of a regulated insurance agency to evaluate claims and may be a basis for denying a claim for benefits.)

Claimant signature _____ Date _____

Signature of employee, if not the claimant _____

**INSTRUCTIONS: You may mail or fax your claim, signed authorization and supporting documentation to: Select Benefits | Symetra Life Insurance Company | PO Box 440 | Ashland WI 54806 | Fax (715) 682-5919**

**Please read the following notice that we are required by law to give to you.**

For all states not named: Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

AL: 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.

AR, LA, RI, WV: 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.

AZ: 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.

CA: For your protection California law requires the following to appear hereon: 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.

CO: 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.

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

DC: 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.

FL: 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.

ME: 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.

MD: 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.

NH: 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.

NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NM: 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.

NY: The following applies to health insurance only: 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.

OK: 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.

PA: 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.

TN, VA, WA: 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.

TX: 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.