

LOYAL AMERICAN LIFE INSURANCE COMPANY®

Claim Processing Office
P.O. Box 559004, Austin, Texas 78755-9004

**EARLY DETECTION BENEFIT CLAIM FORM
(For Cancer Screening Tests)**

<u>Policy Number</u>	<u>Name of Patient</u>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Date of Birth</u>
<u>Name and Address of Primary Insured</u>		<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Date of Birth</u>
		<u>Social Security No.</u>	<u>Telephone</u> ()
<u>Spouse's Name</u>			
Patient is: <input type="checkbox"/> Primary Insured <input type="checkbox"/> Spouse <input type="checkbox"/> Natural Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> *Other Child	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student (Where?) _____	
* (If "Other" please explain): 			
<u>Home Address of Patient:</u>			
<u>Address</u>	<u>City or Town</u>	<u>State(or Province)</u>	<u>Zip Code</u>
INSTRUCTIONS			
ATTACH A COPY OF THE DOCTOR'S BILL SHOWING THE SERVICE PERFORMED, DATE OF SERVICE AND AMOUNT CHARGED. FOR ASSISTANCE, CALL TOLL FREE 1-800-633-6752.			
Warning: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.			
I further certify that I have read and understand the above Fraud Warning Statement and the additional Fraud Warning			
<u>Signature of Claimant</u>	<u>Present Address</u>	<u>Date</u>	