

Dear Member,

Your claim has a diagnosis that could be the result of an accident and/or injury. Please provide the following information:

Date of accident/injury: _____

Details of what & where accident happened: _____

Is any other insurance responsible for payment of this accident/injury?
 Yes No (This would include auto, home owner or business insurance and worker's compensation)

Please provide a copy of any police report that was filed.

Is there any possible, pending, or resolved legal action regarding this matter?
 Yes No

As soon as we receive the requested information, your claim will be given immediate attention. The claim may be reopened upon submittal of the requested information, provided it is submitted within the filing limitations of the plan. If you have any questions, please contact our Customer Service Department at (309) 673-7330 or (800) 322-1516.

Sincerely,

Claims Department