

Claim Fraud Statements

For your protection, the laws of several states, including Alaska, Arkansas, Delaware, Idaho, Indiana, Louisiana, Minnesota, New Hampshire, Ohio, Oklahoma, and others, require the following statement to appear on this claim form. **Fraud Warning:** Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a felony.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly present 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.

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.

California, Rhode Island, Texas and West Virginia: For your protection, California, Rhode Island, Texas and West Virginia 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.

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.

District of Columbia: 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.

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.

Kentucky: For your protection, Kentucky law requires the following to appear on this form: 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.

Maine, Tennessee, Virginia 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 may include imprisonment, fines or a denial of insurance benefits.

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.

New Jersey and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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.

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

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present; it may be reduced to a minimum of two (2) years.



Claimant name:			Claimant SSN:		
Employer statement (completed by employer)					
Employee name:				SSN:	
Employee title:				Hire date: ____ / ____ / ____	
Average number of scheduled hours per week:		Date last worked: ____ / ____ / ____		Date employment terminated: ____ / ____ / ____	
Employee unable to work (Full-time): From: ____ / ____ / ____ To: ____ / ____ / ____				Sick leave was exhausted on: ____ / ____ / ____	
Approved for FMLA (if eligible): From: ____ / ____ / ____ To: ____ / ____ / ____				Was employee at work when accident or sickness occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers' compensation claim filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Workers' Compensation carrier Name:		Telephone:	
Hourly employee rate:		Hours worked per week:		Annual salary:	
If paid on commission basis: attach commission breakdown for prior 12 months from date last worked.					
Do you permit light duty for employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you permit partial duty for employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Expected return to work: ____ / ____ / ____		Actual return to work: Full-time: ____ / ____ / ____		Actual return to work: Part-time: ____ / ____ / ____ Hours per week: ____	
Employee's duties include:	<input type="checkbox"/> Sitting ____ per hr. <input type="checkbox"/> Walking ____ per hr. <input type="checkbox"/> Climbing stairs/ladders ____ per hr. <input type="checkbox"/> Standing ____ per hr. <input type="checkbox"/> Driving ____ hrs. per day				
	Lifting: <input type="checkbox"/> Less than 15 lbs. <input type="checkbox"/> 15 to 44 lbs. <input type="checkbox"/> More than 45 lbs. Stooping/bending: <input type="checkbox"/> none <input type="checkbox"/> seldom <input type="checkbox"/> frequent				
Reaching/pulling/pushing: <input type="checkbox"/> none <input type="checkbox"/> seldom <input type="checkbox"/> frequent Crawling/kneeling: <input type="checkbox"/> none <input type="checkbox"/> seldom <input type="checkbox"/> frequent Repetitive motion: <input type="checkbox"/> none <input type="checkbox"/> seldom <input type="checkbox"/> frequent					
Contact for updates on return to work status:				Telephone:	
Email:				Fax:	
Fraud warning: Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties. This includes employer's portions of the claim form.					
_____ Signature of authorized person				_____ Date (MM/DD/YYYY)	
Title of authorized person:			Employer/company name:		
Telephone:		Fax:		Email:	