

Mail To: **Atlantic American Employee Benefits**
 PO Box 105652, Atlanta, GA 30348-5652
 Toll Free Claim Number: (866) 458-7499
 aaemployeebenefits.com

WELLNESS BENEFIT CLAIM FORM

Which product are you filing this Wellness Claim for? Check all that apply: Accident Critical Illness
 Hospital Indemnity

Section 1 – Employee Information			
Employee Name (First, Middle & Last)		Policy #	Job Title
Employee Address		Employee City	Employee State Employee Zip
Employee Home Telephone #	Employee Cellular Telephone #	Employee SSN	
Employee Email Address		Employee Date of birth	
Section 2 – Wellness Information			
Who is this claim for? <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child		Date the Health Screening Test was Performed:	
Which wellness screening test was performed?			
Section 3 – Medical Provider Information			
Physician's Name		Physician's Telephone #	
Physician Address		Physician City	Physician State Physician Zip
Section 4 –Authorization and Signature			
Authorization To Release Information			
<p>I hereby authorize any physicians, practitioners, hospitals, clinics, pharmacists, insurance companies, employers, credit reporting agencies, government agencies and other persons or institutions to furnish Bankers Fidelity Life Insurance Company® or its authorized representative copies of any and all information, data or records you have regarding any illness or injury, physical or mental condition, medical history, consultation, prescriptions, treatment, or employment pertaining to me. I understand that I have a right to request a copy of this authorization. A photocopy of this authorization shall be considered effective and valid as the original.</p>			
Dated: _____		Signed: X _____	

Section 5 – Payment Method

Payment method:

 Check Electronic Funds Transfer (EFT)**For EFT, complete the following bank information**

Bank Name		Bank City	Bank State	Bank Zip
Bank Telephone #	Bank Account Number	Bank Routing/Transit Number	Type of Account (<i>check only one</i>) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Notice regarding electronic funds transfer: When you select electronic funds transfer as your payment method, we may receive and contribute customer account and payment account data to a third party consumer reporting agency to confirm the feasibility of a transaction to your account.

Section 6 – Payment Authorization and Signature**Payment Authorization**

I understand and agree that it is my responsibility to ensure that all bank information reported on this form is accurate and correct for the appropriate deposit of my payment(s) and that Bankers Fidelity Life Insurance Company® (hereinafter referred to as “Bankers Fidelity”) can rely on this information and will have no obligation to ensure the correctness of the information. Completion of this form is not a guarantee that benefits will be paid. I further understand and agree that any payment(s) made into an incorrect bank account pursuant to the information reported on this form, will be forfeited by me and that Bankers Fidelity has no obligation to retrieve those funds or make replacement payment(s) to me. I further understand and agree for myself, my heirs, executors and estate to indemnify and hold Bankers Fidelity harmless from any and all loss or damage of any nature whatsoever, including costs or attorney’s fees incurred by reason of said bank acting pursuant to this Authorization. I further understand and agree that Bankers Fidelity is not responsible for any bank charges or other costs associated with or arising out of this agreement. I further understand that if my bank is not able to accept EFTs, check(s) will be mailed to my residence. I reserve the right to revoke and cancel this authorization. Such revocation and cancellation shall be effective within 5 business days following Bankers Fidelity’s receipt of the notice.

Dated: _____ Signed: X_____

NOTICE

WARNING: 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 may be committing a fraudulent insurance act, which is a crime and could subject such person to criminal and civil penalties.

Alabama Residents Only

WARNING: 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.

Arkansas Residents Only

WARNING: 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.

District of Columbia Residents Only

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.

Florida Residents Only

WARNING: 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.

Louisiana Residents Only

WARNING: 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.

Maryland Residents Only

WARNING: 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 may be guilty of insurance fraud as determined by a court of competent jurisdiction.

Pennsylvania Residents Only

WARNING: 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.

Tennessee Residents Only

WARNING: 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.

Virginia Residents Only

WARNING: 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.

Washington Residents Only

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.