



Fraternal, Operation/Dismemberment Claim

This form may be returned to WSA as follows:
Email - info@wsalife.com / Fax - 303-459-5154 / Mail - PO Box 351920, Westminster, CO 80035-1920

Member's Name: _____ Certificate Number: _____ Lodge Number: _____

Address: _____

Section A:

In lieu of completing the fields below, a copy of a bill and/or records providing the information necessary to determine days of disability and/or surgery performed is attached.

NOTE: If these documents are attached and provide adequate information to complete a claim then completion of the fields below is not necessary and a physician's signature will not be required.

Section B:

In lieu of presenting a copy of a bill and/or records detailing the procedure and/or disability for which this claim is presented, please have your physician complete the applicable fields below:

1. Diagnosis: _____
2. When first disabled? _____
3. Dates of patient's office visits: _____
4. Patient hospitalized at: _____ from _____ to _____
5. Operation performed, if any: _____
6. Disability Information: _____
 - A. Totally disabled from performing any kind of activity from _____
 - B. Patient partially disabled and was able to resume some activity on _____
7. Remarks: _____

Section C (Physician Certification):

I hereby certify that the foregoing statements and answers are absolutely true and correct, without evasion or reservation, and are made subsequent to a thorough examination of the claimant by me.

Dated this _____ day of _____, 20 ____

Name of Physician: _____ (Print) Signed: _____

Office Address: _____ Phone: (_____) _____

For WSA Staff Use Only:

Fraternal Benefit at \$1.00/day from _____, 20____ to _____, 20____ \$ _____

Fraternal Benefit at \$.50/day from _____, 20____ to _____, 20____ \$ _____

Operation or dismemberment for _____

Total payment approved by WSA on _____, 20____ Check number _____ \$ _____



WSA

Fraternal Life

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General Fraud Warning: Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

State Specific Statements: (Some states have specific laws relating to insurance fraud statements. The specific statements are listed from those states in which WSA Fraternal Life is licensed, should the state have a specific fraud statement requirement.)

Colorado:

It is unlawful to knowingly provide false, incomplete, or misleading 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Minnesota:

Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, may be guilty of insurance fraud, which is a felony and may be subject to criminal and/or civil penalties.

New Mexico:

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.

Ohio:

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 is guilty of insurance fraud.

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.

South Dakota:

Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, may be guilty of insurance fraud, which is a felony and may be subject to criminal and/or civil penalties.

Utah:

Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, may be guilty of insurance fraud, which is a felony and may be subject to criminal and/or civil penalties.