

Phone Number: (866) 628-2606
Fax: (877) 404-6457

UTSYSTEM GFZ71778

Return to Dearborn National at:
Attention Claims Department
P.O. Box 655403
Dallas, Texas 75265-5403

NOTE: All portions of this form package must be completed to avoid undue delay in processing claimant's request for benefits.

NOTICE OF CLAIM — Employer's Instructions

Approximately 6 to 8 weeks before the end of the elimination period:

Complete the Employer's Report of Claim in full;

A. Attach:

- Job description (detailed duties)
- Documentation of earnings if other than straight salary
- If Workers' Comp. claim filed, include copy of First Report of Accident and the decision

B. Return, with all attachments, to Dearborn National at the address shown above.

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. (Not enforceable in Oregon or Virginia.)

Employer's Report Of Claim
To be Completed by Employer

Underwritten by Dearborn National® Life Insurance Company

C L A I M A N T	1. Employee's Name (Last, First, Middle Init.)		2. Benefits ID No.	3. Date of Birth	
	4. Address		City	State Zip Code	
E M P L O Y M E N T	5. Insurance Class	6. Employee Date of Hire	7. Date employee became Insured for LTD	8. Date employee was actually last present at work	
	9. Occupation at time last worked (attach job description)		10. Work schedule at time last worked No. of days per week _____ No. of hours per day _____		
	11. Reason for stopping: <input type="checkbox"/> Sickness <input type="checkbox"/> Granted LOA <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Dismissed <input type="checkbox"/> Other <input type="checkbox"/> Resigned <input type="checkbox"/> Vacation		12. Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time Date _____ Date _____		
I N C O M E	13. How is employee paid? <input type="checkbox"/> Straight Salary <input type="checkbox"/> 12 Month Contract <input type="checkbox"/> Weekly <input type="checkbox"/> 9 Month Contract <input type="checkbox"/> Hourly		14. Employee's Basic <u>Monthly</u> Earnings \$ _____ LTD Benefit _____ (If salary is based on less than 12 mos. – No. of mos. _____)		
	15. Has insured received other disability payments since time last worked? Salary Continuance: _____ Insured Short Term Disability _____ Other type: _____ <input type="checkbox"/> Yes Wkly. Amt. _____ <input type="checkbox"/> Yes Wkly. Amt. _____ <input type="checkbox"/> Yes Wkly. Amt. _____ Date benefits cease _____ Date benefits cease _____ Date benefits cease _____ <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No				
O T H E R B E N E F I T S	16. Did claim result from job activity? <input type="checkbox"/> Yes (Explain) _____ <input type="checkbox"/> No		17. Has Workers' Compensation claim been filed? <input type="checkbox"/> Yes (Enclose copy of 1st report of accident) <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Denied (Enclose copy of denial)		
			18. Workers' Comp. Weekly Amount: \$ _____		
R E T I R E M E N T	19. Is employee covered by employer sponsored retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. Does retirement plan contain a disability provision? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	21. Is employee or will this employee be eligible for a disability or retirement pension? <input type="checkbox"/> Yes If "Yes" type: <input type="checkbox"/> Disability _____ Monthly Amount \$ _____ <input type="checkbox"/> Retirement _____ Commence Date of Benefits: _____ <input type="checkbox"/> Other _____ (enclose copy of summary plan description) <input type="checkbox"/> No				
	NOTE: If any portion of this pension benefit is attributable to the employee's contribution, please provide details including the percentage of his/her contribution to the total contribution.				
C E R T I F I C A T I O N	22. Institution Name		23. Telephone No. ()	24. Group Policy No. GFZ71778	
	25. Address				
	26. Employer (Taxpayer) I.D. Number (EIN) _____ - OR		28. Name of person completing this form (please type or print)		
	27. Public Employer Social Security No. 69 _____ -				
29. Signature of Authorized Insurance Representative		Title		Date	

The laws of some states require us to furnish you with the following notice:**FOR APPLICATIONS AND CLAIMS:**

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: 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: 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.

Hawaii: For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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.

Louisiana: 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.

Maine & 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 include imprisonment, fines and denial of insurance benefits.

Maryland: Any person who knowingly or willingly 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 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 knowingly 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.

Oklahoma: Any person who knowingly, with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

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 dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be 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.

Rhode Island: 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.

Tennessee: 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: 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.

The laws of some states require us to furnish you with the following notice:

FOR CLAIMS ONLY:

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

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.

Arkansas: 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.

California: For your protection California 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.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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

Texas: Any person who knowingly presents a 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.

FOR APPLICATIONS ONLY:

Massachusetts: 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.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.