



7a. Date first saw a doctor for this condition. \_\_\_\_\_ Were you hospitalized? .....  Yes  No

b. If "Yes," name and address of facility. \_\_\_\_\_  
\_\_\_\_\_

Date Admitted: \_\_\_\_\_

Date Discharged: \_\_\_\_\_

8. Name and address of treating physician(s) or practitioner(s):

Name & Address	Telephone Number	Most Recent Date Consulted
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Name and address of person holding Power of Attorney (if applicable)

Date Power of Attorney was effective: \_\_\_\_\_

Name & Address \_\_\_\_\_  
\_\_\_\_\_

PLEASE ENCLOSE A COPY OF ANY POWER OF ATTORNEY, GUARDIANSHIP, OR TRUSTEE PAPERS WITH THIS CLAIM FORM

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.

**FL. Residents Only:** Any person who knowingly and with intent to injury, 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. **MD Residents Only:** 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. **PA Residents Only:** 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. **VA Residents Only:** 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. **WA Residents Only:** 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.

### Authorization To Release Information

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.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_