

Continuance of Disability - Attending Physician's Statement



Minnesota Life Insurance Company - a Securian Financial company
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Please review the below New York fraud statement and the attached page for a list of other state-specific fraud statements.

New York: 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, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Please **print** or **type** clearly and answer all questions as completely as possible. Unanswered questions may require additional processing time. Please be sure to sign and date this form.

CLAIM NUMBER

The claimant/patient is responsible for any expense related to the completion of this form.

Patient Information

Name of patient (first, middle, last)	Patient date of birth
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Diagnosis

Present diagnosis including any complications (describe fully)

Restrictions/limitations

Are these restrictions permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, how long do you expect these limitations to continue? <input type="checkbox"/> 1 mo <input type="checkbox"/> 2-3 mo <input type="checkbox"/> 4-6 mo <input type="checkbox"/> Other (specify):
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Treatment History

Date of first visit (mo/day/yr)	Date of last visit (mo/day/yr)	Date of next visit (mo/day/yr)
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Frequency of visits
 Weekly Monthly Other (specify):

Was patient referred to another physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date referred, physician name and telephone number.	Date referred (mo/day/yr)
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Name of physician referred to	Telephone number
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Has patient been hospitalized?
 Yes No If yes, give dates. From (mo/day/yr): _____ through (mo/day/yr): _____

Hospital name and address

Was surgery performed?
 Yes No If yes, provide date (mo/day/yr) and procedure:

Is patient currently enrolled in any type of rehabilitation program?
 Yes No If yes, what type of program? Cardiac Physical therapy Other (specify):

List current medications for disabling condition(s)

****See Reverse Side****

Securian Financial is the marketing name for Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company.

If patient is unable to work or has fully recovered - please complete these questions

Patient was totally disabled (unable to work)	If recovered, date released to work (mo/day/yr)
From (mo/day/yr): _____ through (mo/day/yr): _____	
If still disabled, estimated release to return to work	
<input type="checkbox"/> Specific date (mo/day/yr): _____ <input type="checkbox"/> 1 mo <input type="checkbox"/> 2-3 mo <input type="checkbox"/> 4-6 mo <input type="checkbox"/> Other (specify): _____	
If still disabled, what job related duties is patient unable to perform?	

If patient is able to work part-time or with restrictions - please complete these questions

Patient was partially disabled	
From (mo/day/yr): _____ through (mo/day/yr): _____	
When did (or do you expect an ability of) patient return to work (mo/day/yr)?	How many hours per week is patient able to work?
What job related duties is patient unable to perform on a full-time basis?	

What job related duties is patient unable to perform on a part-time basis?	

Do these restrictions prevent patient from performing their own occupation?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments	

Signature of Attending Physician

Name of attending physician (please print)	Degree	
Physician address (street)	Telephone number	
City, state, zip	Fax number	
Print name of person completing this form	Title	
Signature of attending physician	Date (mo/day/yr)	
X		

FRAUD STATEMENTS

For your protection, state laws require the following to appear on this form. Prior to signing this claim form, please review the fraud statement for your state of residence and the state where the insurance policy was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: 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.

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.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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.

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

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company 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: 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 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 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.

Oregon: Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: 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 the state law.

Pennsylvania and all other states: 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.