

Relation Insurance Services P.O. Box 25936 Overland Park, KS 66225 (877) 246-6997

	PLEASE C	COMPLETE IN FULL TO E				FILING INSTRUCTION	IS.	
	(1.11)		COMPLETED		1			
IAME OF PATIENT	(Last Name)	(First Name))	(Middle Initial)	STUDENT ID NI	JMBER		
DDRESS (Street)		(City)			(State)		(Zip)	
HONE NUMBER			DATE OF BIRTH			1		
						MALE 🛂	FEMALE 🔲	
ATE & TIME ACCIDENT	OR ILLNESS BEGAN					WAS ACCIDENT DUE TO	EMPLOYMENT?	YES NO
ATURE OF INJURY OR I	LLNESS				HAVE YOU EVER	BEEN TREATED FOR THIS	CONDITION BEFORE	
								YES 🗹 NO
ACCIDENT, PLEASE ST.	TATE HOW, WHEN, AND WHERE	ACCIDENT OCCURRED:			<u> </u>			
IN IURY RELATED TO P	PARTICIPATION IN INTERCOLLE	GIATE SPORTS? YES	NO O					
	IER INSURANCE, INCLUDING B			TH AND/OR ACCIDE	NT GOVERNMENT	PLAN OR AUTOMOBILE P	LAN? YES	NO 🗖
					, 00 /			
YES, PLEASE GIVE NAI	ME, ADDRESS, PHONE NUMBI	:R, AND POLICY NUMBER OF	THIS PLAN.					
UBSCRIBERS NAME: UNDER THE AGE OF 18	8, PLEASE PROVIDE PARENT/G		ELOW:	EFFECTIVE DATE	:			
AME OF PARENT/GUAF			(First Name)	(Mid	dle Initial)			
DDRESS (Street)		(City)			(State)		(Zip)	
DDRESS (Street)		·					(Zip)	
		STATEME	NT OF CERTII	FICATION (r			(Zip)	
OMPLETED BY CLAIM	MAINT, PARENT OR GUARDI	STATEME			equired)		(Zip)	
OMPLETED BY CLAIM	at all preceding inforr	STATEME AN mation is true and cor	mplete, and I ha	ve reviewed th	equired) e fraud statem	•		DDI ICATION EC
OMPLETED BY CLAIM hereby certify th New York Claimar NSURANCE OR ST	nat all preceding inform nts: ANY PERSON KNO FATEMENT OF CLAIM (STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA	mplete, and I hav NTENT TO DEFRA NTERIALLY FALSE	ve reviewed th AUD ANY INSUI EINFORMATIO	equired) The fraud statem RANCE COMPA N OR CONCEA	ANY OR OTHER PERS LS FOR THE PURPOS	ON FILES AN A	ING
OMPLETED BY CLAIN hereby certify th New York Claimar NSURANCE OR ST NFORMATION CC O A CIVIL PENAL	at all preceding inforr	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO,	mplete, and I ha NTENT TO DEFRA TERIALLY FALSE COMMITS A FRA	ve reviewed th AUD ANY INSUI E INFORMATIO UDULENT INSU	equired) e fraud staten RANCE COMPA N OR CONCEA JRANCE ACT. V	NNY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A	ON FILES AN A SE OF MISLEAD ND SHALL ALSO	ING O BE SUBJECT
OMPLETED BY CLAIM hereby certify th lew York Claimar NSURANCE OR ST NFORMATION CC O A CIVIL PENAL' IYC RR86)	nat all preceding inform nts: ANY PERSON KNO FATEMENT OF CLAIM (DNCERNING ANY FACT	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO,	mplete, and I ha NTENT TO DEFRA TERIALLY FALSE COMMITS A FRA	ve reviewed th AUD ANY INSUI E INFORMATIO UDULENT INSU	equired) The fraud statem RANCE COMPA N OR CONCEAL JRANCE ACT. V JRANCE ACT. V JRANCE ACT. V	NY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A FOR EACH SUCH VIC	ON FILES AN A SE OF MISLEAD ND SHALL ALSO	ING O BE SUBJECT
OMPLETED BY CLAIM hereby certify th lew York Claimar NSURANCE OR ST NFORMATION CC O A CIVIL PENAL' IYC RR86)	nat all preceding inform nts: ANY PERSON KNO FATEMENT OF CLAIM (DNCERNING ANY FACT	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO,	mplete, and I ha NTENT TO DEFRA TERIALLY FALSE COMMITS A FRA	ve reviewed th AUD ANY INSUI E INFORMATIO UDULENT INSU	equired) e fraud staten RANCE COMPA N OR CONCEA JRANCE ACT. V	NY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A FOR EACH SUCH VIC	ON FILES AN A SE OF MISLEAD ND SHALL ALSO	ING O BE SUBJECT
OMPLETED BY CLAIM hereby certify th New York Claimar NSURANCE OR ST NFORMATION CC O A CIVIL PENAL' IYC RR86)	nat all preceding inform nts: ANY PERSON KNO FATEMENT OF CLAIM (DNCERNING ANY FACT	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO,	mplete, and I ha NTENT TO DEFRA TERIALLY FALSE COMMITS A FRA	ve reviewed th AUD ANY INSUI E INFORMATIO UDULENT INSU	equired) The fraud statem RANCE COMPA N OR CONCEAL JRANCE ACT. V JRANCE ACT. V JRANCE ACT. V	NY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A FOR EACH SUCH VIC	ON FILES AN A SE OF MISLEAD ND SHALL ALSO	ING O BE SUBJECT
DOMPLETED BY CLAIM hereby certify th New York Claimar NSURANCE OR ST NFORMATION CO TO A CIVIL PENAL' NYC RR86)	nat all preceding inform nts: ANY PERSON KNO FATEMENT OF CLAIM (DNCERNING ANY FACT	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO, OVE THOUSAND DOLLA	mplete, and I ha NTENT TO DEFRA TERIALLY FALSE COMMITS A FRA	ve reviewed th AUD ANY INSUI E INFORMATIO UDULENT INSU ATED VALUE C	equired) The fraud statem RANCE COMPA N OR CONCEA JRANCE ACT. V OF THE CLAIM F	NY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A FOR EACH SUCH VIC	ON FILES AN A SE OF MISLEAD ND SHALL ALSO	ING O BE SUBJECT
hereby certify the New York Claimar NSURANCE OR STONE OF STONE OR STONE OF	nat all preceding informats: ANY PERSON KNO FATEMENT OF CLAIM O NCERNING ANY FACT TY NOT TO EXCEED FIN	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO, ove THOUSAND DOLL AUTHORI ance Company, Employ	mplete, and I have a second representation of the second representation	ve reviewed th AUD ANY INSUI E INFORMATION UDULENT INSU ATED VALUE C	equired) The fraud statem of the fraud statem	NY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A FOR EACH SUCH VIC te	GON FILES AN A SE OF MISLEADI ND SHALL ALSO DLATION. (PURS dental, mental,	ING O BE SUBJECT SUANT TO 11
ompleted by CLAIM hereby certify th lew York Claimar NSURANCE OR ST NFORMATION CC O A CIVIL PENAL IYC RR86) ignature uuthorize any Heal rug abuse history,	nat all preceding inforr nts: ANY PERSON KNO FATEMENT OF CLAIM (DNCERNING ANY FACT TY NOT TO EXCEED FI	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO, VE THOUSAND DOLL AUTHORI ince Company, Employ ayable, including disab	mplete, and I have a second to the second to	ve reviewed th AUD ANY INSUI E INFORMATIO UDULENT INSU ATED VALUE C ELEASE INFO anization to related info	equired) The fraud statem of the fraud statem	NNY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A FOR EACH SUCH VIC te In regarding medical, ation Insurance Servi	GON FILES AN A SE OF MISLEADI ND SHALL ALS DLATION. (PUR: DLATION. (PUR: dental, mental, ces, the Plan Adr	ING O BE SUBJECT SUANT TO 11 alcohol or ministrator, or
ompleted by CLAIM hereby certify th lew York Claimar NSURANCE OR ST NFORMATION CC O A CIVIL PENAL IYC RR86) ignature uthorize any Heal rug abuse history, eir employees and	nat all preceding informats: ANY PERSON KNO FATEMENT OF CLAIM O DNCERNING ANY FACT TY NOT TO EXCEED FINA Ith Care Provider, Insura treatment or benefits p	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO, VE THOUSAND DOLL AUTHORI ince Company, Employ ayable, including disab	mplete, and I have a second to the second to	ve reviewed th AUD ANY INSUI E INFORMATIO UDULENT INSU ATED VALUE C ELEASE INFO anization to related info	equired) The fraud statem of the fraud statem	NNY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A FOR EACH SUCH VIC te In regarding medical, ation Insurance Servi	GON FILES AN A SE OF MISLEADI ND SHALL ALS DLATION. (PUR: DLATION. (PUR: dental, mental, ces, the Plan Adr	ING O BE SUBJECT SUANT TO 11 alcohol or ministrator, or
ompleted by CLAIM hereby certify th lew York Claimar NSURANCE OR ST NFORMATION CC O A CIVIL PENAL IYC RR86) ignature uuthorize any Heal rug abuse history, ieir employees and iginal.	nat all preceding informats: ANY PERSON KNO FATEMENT OF CLAIM O DNCERNING ANY FACT TY NOT TO EXCEED FINA Ith Care Provider, Insura treatment or benefits p	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO, ove THOUSAND DOLL AUTHORI ince Company, Employ ayable, including disabthe purpose of validations the purpose of validations	mplete, and I have not the second sec	ve reviewed th AUD ANY INSUI E INFORMATIO UDULENT INSU ATED VALUE C ELEASE INFO anization to rele ent related info ing benefits pay	equired) The fraud statem of the fraud statem	NNY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A FOR EACH SUCH VIC te In regarding medical, ation Insurance Servi	GON FILES AN A SE OF MISLEAD ND SHALL ALSO DLATION. (PURS DLATION. (PURS dental, mental, ces, the Plan Adr ation shall be as	alcohol or ministrator, or valid as the
hereby certify the lew York Claimar NSURANCE OR ST NFORMATION CO O A CIVIL PENAL SYC RR86) but horize any Healing abuse history, heir employees and riginal.	nat all preceding informats: ANY PERSON KNO FATEMENT OF CLAIM O DNCERNING ANY FACT TY NOT TO EXCEED FIN Other contents of the content of the	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO, O VE THOUSAND DOLL AUTHORI Ince Company, Employ ayable, including disabt the purpose of validati	mplete, and I have a strength of the strength	ve reviewed th AUD ANY INSUI E INFORMATIO UDULENT INSU ATED VALUE C ELEASE INFO anization to rele ent related info ing benefits pay	equired) The fraud statem RANCE COMPA NOR CONCEA JRANCE ACT. V FOR THE CLAIM F Data ORMATION The ease information The photo of	NNY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A FOR EACH SUCH VIC te in regarding medical, ation Insurance Servicopy of this authoriza	GON FILES AN A SE OF MISLEAD ND SHALL ALSO DLATION. (PURS DLATION. (PURS dental, mental, ces, the Plan Adr ation shall be as	alcohol or ministrator, or valid as the
hereby certify the New York Claimar NSURANCE OR ST NFORMATION CO O A CIVIL PENAL NYC RR86) Signature	nat all preceding informats: ANY PERSON KNO FATEMENT OF CLAIM O DNCERNING ANY FACT TY NOT TO EXCEED FIN Other contents of the content of the	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO, O VE THOUSAND DOLL AUTHORI Ince Company, Employ ayable, including disabt the purpose of validati	mplete, and I have not the second sec	ve reviewed th AUD ANY INSUI E INFORMATIO UDULENT INSU ATED VALUE C ELEASE INFO anization to rele ent related info ing benefits pay	equired) The fraud statem RANCE COMPA NOR CONCEA JRANCE ACT. V FOR THE CLAIM F Data ORMATION The ease information The photo of	NNY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A FOR EACH SUCH VIC te in regarding medical, ation Insurance Servicopy of this authoriza	GON FILES AN A SE OF MISLEAD ND SHALL ALSO DLATION. (PURS DLATION. (PURS dental, mental, ces, the Plan Adr ation shall be as	alcohol or ministrator, or valid as the
hereby certify the New York Claimar NSURANCE OR ST NFORMATION COTO A CIVIL PENAL NYC RR86) Signature	nat all preceding informats: ANY PERSON KNO FATEMENT OF CLAIM O DNCERNING ANY FACT TY NOT TO EXCEED FINA Ith Care Provider, Insura treatment or benefits p d authorized agents for	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO, O VE THOUSAND DOLL AUTHORI Ince Company, Employ ayable, including disabt the purpose of validati	mplete, and I have a strength of the strength	ve reviewed th AUD ANY INSUI E INFORMATIO UDULENT INSU ATED VALUE C ELEASE INFO anization to rele ent related info ing benefits pay	equired) The fraud statem of the fraud statem	NNY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A FOR EACH SUCH VIC te in regarding medical, ation Insurance Servicopy of this authoriza	GON FILES AN A SE OF MISLEAD ND SHALL ALSO DLATION. (PURS DLATION. (PURS dental, mental, ces, the Plan Adr ation shall be as	alcohol or ministrator, or valid as the
hereby certify the New York Claimare NSURANCE OR STONE OR	nat all preceding informats: ANY PERSON KNO FATEMENT OF CLAIM O DNCERNING ANY FACT TY NOT TO EXCEED FINA Ith Care Provider, Insura treatment or benefits p d authorized agents for	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO, O VE THOUSAND DOLL AUTHORI Ince Company, Employ ayable, including disabt the purpose of validati	mplete, and I have a strength of the strength	ve reviewed th AUD ANY INSUI E INFORMATIO UDULENT INSU ATED VALUE C ELEASE INFO anization to rele ent related info ing benefits pay	equired) The fraud statem RANCE COMPA NOR CONCEAL JRANCE ACT. V FOR THE CLAIM F Date PRIMATION Passe information rmation, to Relayable. A photo of HOOL	NNY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A FOR EACH SUCH VIC te	dental, mental, ces, the Plan Adrition shall be as	alcohol or ministrator, or valid as the
ompleted by CLAIM hereby certify th lew York Claimar NSURANCE OR ST NFORMATION CC O A CIVIL PENAL IYC RR86) ignature uthorize any Heal rug abuse history, eir employees and iginal. gnature ME OF SCHOOL/ORGAN	nat all preceding informats: ANY PERSON KNO FATEMENT OF CLAIM O DNCERNING ANY FACT TY NOT TO EXCEED FINA Ith Care Provider, Insura treatment or benefits p d authorized agents for	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO, O VE THOUSAND DOLL AUTHORI Ince Company, Employ ayable, including disabt the purpose of validati	mplete, and I have a strength of the strength	ve reviewed th AUD ANY INSUI E INFORMATIO UDULENT INSU ATED VALUE C ELEASE INFO anization to rele ent related info ing benefits pay	equired) The fraud statem RANCE COMPA NOR CONCEAL JRANCE ACT. V FOR THE CLAIM F Date PRIMATION Passe information rmation, to Relayable. A photo of HOOL	NNY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A FOR EACH SUCH VIC te In regarding medical, ation Insurance Servic copy of this authoriza Date	dental, mental, ces, the Plan Adrition shall be as	alcohol or ministrator, or valid as the
ompleted by CLAIM hereby certify th lew York Claimar NSURANCE OR ST NFORMATION CO O A CIVIL PENAL YC RR86) ignature uthorize any Heal uthorize any Heal uthorize any Heal uthorize and Heal uth	nat all preceding informats: ANY PERSON KNO FATEMENT OF CLAIM O DNCERNING ANY FACT TY NOT TO EXCEED FIN Alth Care Provider, Insura treatment or benefits p d authorized agents for	STATEME AN mation is true and cor WINGLY AND WITH IN CONTAINING ANY MA MATERIAL THERTO, O VE THOUSAND DOLL AUTHORI Ince Company, Employ ayable, including disabt the purpose of validati	mplete, and I have a strength of the strength	ve reviewed th AUD ANY INSUI E INFORMATIO UDULENT INSU ATED VALUE C ELEASE INFO anization to rele ent related info ing benefits pay	equired) The fraud statem RANCE COMPA NOR CONCEAL JRANCE ACT. V FOR THE CLAIM F Date PRIMATION Passe information rmation, to Relayable. A photo of HOOL	NNY OR OTHER PERS LS FOR THE PURPOS WHICH IS A CRIME A FOR EACH SUCH VIC te In regarding medical, ation Insurance Servic copy of this authoriza Date	dental, mental, ces, the Plan Adrition shall be as	alcohol or ministrator, or valid as the



SPECIAL RISK CLAIM FILING INSTRUCTIONS

In the event of an Injury, the member should:

- 1. Report to a Physician or Hospital.
- 2. Coverage is excess to all other insurance. Claims must be filed with your other insurance carrier(s) prior to filing under this Plan.
- 3. Complete and sign a claim form. Please submit one claim form for each Injury. Mail the completed claim form, all medical bills, and copies of your other insurance carrier's Explanation of Benefits (if applicable) to:

Doug Sutton Insurance Services Post Office Box 20104 Raleigh, NC 27619

- 4. File claim within 30 days of Injury. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
- 5. If you have questions about a claim, contact:
 Doug Sutton Insurance Services at (800) 788-7771 or bonniesutton@dougsuttonins.com

IMPORTANT NOTICE

This plan of insurance is secondary to any health insurance you have. Submit your claim to your primary health insurance company first. When you receive an Explanation of Benefits Statement, send it along to us with our itemized bill and this completed form.

Payment will be made to the providers of service (Hospital, Physician or Others), unless a paid receipt statement accompanies the bill at the time the claim is submitted.

FRAUD STATEMENTS

The following fraud language is made part of and cannot be removed from this claim form. Please read thoroughly.

- ** 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 or 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.
- ** California: For your protection California law requires the following to appear on this form. 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.
- ** 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:** 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.
- ** **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.
- ** Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any 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.
- ** **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 or 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 a denial of insurance benefits.
- ** 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.
- ** 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.
- ** New York: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. (PURSUANT TO 11 NYC RR86)
- ** 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.
- ** **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.
- ** **Pennsylvania:** 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 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 intent to defraud or deceive any insurance company 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 benefits, or files more than one claim for the same loss or damage, may be guilty of a felony. Upon conviction, that person will be fined between \$5,000 and \$10,000, imprisoned for three (3) years or both. Aggravating or attenuating circumstances may result in the prison term being increased to five (5) years or reduced to two (2) years.
- ** 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.
- ** If you live in a state other than mentioned above, the following statement applies to you:

 Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided by the claimant.