

UPDATE FORM TEMPORARY DISABILITY INCOME

IMPORTANT READ CAREFULLY

1. You and your physician must complete and sign the appropriate sections of this form.
2. Return to us by: _____ to avoid interruption of your disability income benefits.

Return Form To:
Benefit Services of Hawaii
P.O. Box 840
Honolulu, HI 96808-0840
Telephone: (808) 538-8900
Email: TDICustomerService@usablelife.com
Fax: (808) 538-8930

CLAIMANT INFORMATION

Please PRINT and complete all information. Incomplete answers may cause delay.

Claimant's Name (First, middle, last)	Date of Birth	Claim Number
Claimant's Mailing Address (Street, City or Town, State, Zip Code)		Home or Other Telephone Number
Employer's Name		
Authorization to Obtain Information		
<p>I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, health maintenance organization, the Medical Information Bureau (MIB), government entity (federal, state, or local), reinsurer, or other organization, institution or person that has information, records or knowledge of me or my health, past or present, to furnish such information to US Able Life (the "Company"), or its agents. I understand that the Company may disclose the information to MIB, other insurance carriers, reinsurers, claim management/investigation firms, agents, employees and others who have a legitimate business interest in obtaining the information in connection with underwriting or claim processing. A photostatic copy of this Authorization shall be as valid as the original.</p> <p>FRAUD WARNING: Except as noted in separate Fraud Notice, 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.</p>		
Date: _____	Signature of Insured: _____	

ATTENDING PHYSICIAN'S STATEMENT

Please answer ALL questions.

Diagnosis & Concurrent Conditions:	ICD Code (must have to process claim):	If pregnancy, advise delivery date: _____ Method: <input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section
Disabled means total inability of an employee to perform the duties of the employee's employment caused by sickness, pregnancy, termination of pregnancy, or accident other than a work injury.		
1. Is the patient totally and temporarily disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long was or will patient be unable to work? From _____ Through _____ Date patient can return to work _____ (Please complete restrictions and limitations below).		
2. Could the patient return to work on an earlier date with work restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No Date on which patient could return to work with restrictions _____ (Please complete restrictions and limitations below).		
Dates of Treatment: Date of first visit _____ Date of last visit _____ Frequency of visits _____ Date of next appointment _____		
Nature of Treatment (Include surgery, medications, etc.):		
Current Restrictions and Limitations, and Expected Duration:		
Describe any circumstances causing disability to be prolonged:		
Physician's Signature		Date
Physician's Name		Degree
Address		Telephone
City	State	ZIP



For your protection, the laws of some states may require us to furnish you with the following notice:

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. Please see below for special notices required by state law.

AL Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

AK Residents Only: Any 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.

AZ Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CA Residents Only: 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.

CO Residents Only: 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.

DE, ID, IN, OK Residents Only: 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.

DC Residents Only: 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.

FL Residents Only: 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 of the third degree.

KS Residents Only: 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 may be guilty of a crime and subject to fines and confinement in prison as determined by a court of law.

KY Residents Only: 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.

ME and TN Residents Only: 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 and denial of insurance benefits.

MD, RI, TX Residents Only: 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.

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

NH Residents Only: 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.

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

OH 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 is guilty of insurance fraud.

OR Residents Only: 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 may be guilty of a crime and subject to fines and confinement in prison.

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.

VT Resident Only: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VA and WA Residents Only: 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.

Date

Signature