



American National Insurance Company
 American National Life Insurance Company of Texas
 Standard Life and Accident Insurance Company
 Garden State Life Insurance Company

Continuance of **Disability Claim Form**

MAIL PROCESSING CENTER, P.O. BOX 10546, SPRINGFIELD, MO 65808-0546 Toll-Free (888) 350-1488 Fax (409) 621-3077
 Email: Health.Disability&Life@AmericanNational.com

PART 1 - TO BE COMPLETED BY THE EMPLOYEE OR CLAIMANT	
1. Claimant's Full Name and Complete Address	
2. Telephone Number and Email Address	3. Certificate Number
4. Are you unable to perform your job? Yes No If 'Yes', please explain:	
5. Are you currently working for pay or benefits? Yes No	
6. Are you under the care of a Physician for an Injury or Covered Sickness causing Total Disability? Yes No	
7. Physician(s) consulted during present illness or injury:	
Name: _____ Address: _____	
Period Treated	From: _____ To: _____
Name: _____ Address: _____	
Period Treated	From: _____ To: _____
I certify that the information provided above is true and correct.	
_____	_____
Signature	Date

ATTENDING PHYSICIAN'S STATEMENT FOR DISABILITY
 THE PATIENT IS RESPONSIBLE FOR THE COMPLETION OF THIS FORM WITHOUT EXPENSE TO THE COMPANY

Name of Patient: _____

Date of Birth: _____

1. Diagnosis (include ICD10 code) _____	2. Date Disability Commenced _____
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3. Present Condition

- (a) Subjective symptoms
- (b) Objective findings - include results of current X-rays, E.K.G's., or any other special tests.

(c) Is Patient: Ambulatory? Bed Confined? House Confined? Hospital Confined?

4. Prognosis

5. History

- (a) When did symptoms first appear or accident happen? _____
- (b) Date you advised your patient to stop working. _____
- (c) Has the Patient ever had the same or similar condition(s)? Yes No
 If "Yes", state when and describe.

- (d) Is condition primarily related to the Patient's employment? Yes No
 If Yes, explain:

- (e) When did Patient first consult you for this condition? _____
- (f) Was this Patient referred to you by another Physician? Yes No
 If "Yes", please give name and address of referring Physician. _____

6. Treatment

- (a) Dates of treatment _____
- (b) Frequency of visits: Weekly Monthly Other, Specify: _____
- (c) Has Patient undergone surgery? Yes No
 If "Yes", give date, procedure and results. _____
 If "No", do you expect surgery to be performed in the future? Yes No
 If "Yes", give date and type of surgery: _____

7. Extent of Disability for Total or Partial Disability

Please complete the following if the patient was continuously disabled due to this condition.

- (a) Totally Disabled: From _____ to _____
- (b) Partially Disabled: From _____ to _____
- (c) Date the patient was or is expected to be released to return to work? _____

8. Restriction and Limitations

9. Competency

Is the patient competent to endorse checks and direct the use of the proceeds with a clear understanding of his/her acts?
 Yes No

11. Remarks: (any comments relative to current disability not embraced by above questions)

_____ Signature of Attending Physician	_____ Date
Physician Name _____ Address _____ _____	Email _____ Phone _____ Fax _____

FRAUD WARNING NOTICES

For your protection, certain states requires the following to be attached to this form.

ALASKA: 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 the 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 be attached to this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and maybe 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: Any 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 or 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 or 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: 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 presents a false or fraudulent claim for payment or 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.

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 a statement or 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 (\$5,000.00) and the stated value of the claim for each such violation.

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: 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 an insurance company or other person files an application for insurance or statement of claim containing any materially false or deceptive 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.

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.

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.

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.

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.

WEST VIRGINIA: 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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud an insurance company or other persons, 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, subject to criminal prosecution and/or civil penalties.