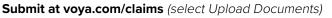
## ATTENDING PHYSICIAN'S STATEMENT OF HOSPITAL CONFINEMENT INDEMNITY

ReliaStar Life Insurance Company, Minneapolis, MN A member of the Voya® family of companies (the "Company")



**Phone:** 877-236-7564; **Voya Claims:** PO Box 320, Minneapolis, MN 55440 **Overnight Address:** 250 Marquette Ave., Suite 900, Minneapolis, MN 55401



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Note: The patient is responsible for the completion of this form without expense to the insurance company.									
CLAIM CHECKLIST									
☐ SIGN and DATE this completed form, then submit using one of the above methods. ☐ The Employee / Insured must complete Sections 1 and 2. ☐ The Attending Physician must complete Sections 3 - 8.									
SECTION 1. GROUP INFORMA	TION (This information	n can be obtained :	from the Employer.)						
Group Name									
Claim Number (if available)									
SECTION 2. EMPLOYEE / INSU	JRED INFORMATION								
Select, if applicable.:	Foreign Address								
<del></del> -	-	(Middle Initial)	(Last)						
			International Phone						
			(Last)						
Address									
			ZIP						
Country									
SECTION 3. PRESENT CONDI	_								
Objective Findings (Include results of curr	rent X-rays, EKGs, laboratory	data and any clinical fi	indings.)						
SECTION 4. HISTORY									
When did the current symptoms first appe	ear?	Con	Confirmed Diagnosis Date						
Has the patient ever had the same or a si	milar condition? (If "yes," pro	ovide date and descript	tion below.) Yes No						
SECTION 5. TREATMENT DET	AILS								
Hospital Admission Date	Hospital Dischar	rge Date	ge Date Date You Last Examined the Patient						
Intensive Care Unit (Critical Care Unit) Admission Date		Intensive Care Unit (Critical Care Unit) Discharge Date							
Inpatient Rehabilitation Facility Admission Date		Rehabilitation Facility Discharge Date							
Observation Unit Admission Date		Number of Hours in Observation Unit							
Number of Days in Standard Hospital Bec	1	Number of Days in ICU (CCU) Facility							
Number of Days in ICU (CCU) Step Down Facility		Number of Days in Rehabilitation Facility							

Group Policy Number					
Patient Name (First)			(Last)		
SECTION 6. ACCIDENT INF Accident Date		Initial Treatme	nt Date		
Nature of Accident					
<b>SECTION 7. CRITICAL ILLNE</b> reports or test results.)	ESS / SPECIFIED DIS	SEASE INFORMATIO	<b>N</b> (Include any su	ıpporting docı	umentation, operative
Applicable Critical Illness / Specified D Cancer Carcinoma in Situ Coma	☐ Coronar	y Artery Bypass ge Renal Failure tack		or Organ Failure manent Paralysis ike	
SECTION 8. PHYSICIAN INI	ORMATION AND S	IGNATURE			
Attending Physician Name				Degree	
TIN	Phone ()		Fax (	)	
Email					
Address		City		State	ZIP
Attending Physician Signature				Date	

## **FRAUD WARNINGS**

Alabama, Alaska, Arkansas, Delaware, Idaho, Indiana, Louisiana, Maine, Minnesota, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Washington, West Virginia: Any person who, knowingly 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, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

**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.

**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.

**Kentucky:** 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.

**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.

**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.

**Pennsylvania:** 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.

**Puerto Rico:** Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.