

Wellness/Health Screening
Claim Form

Administered by
Principal Life Insurance Company
 Attn: Group Life and Disability Claims Department
 Des Moines, Iowa 50392-0002
 Toll free Nationwide 800-245-1522 Toll free fax 800-255-6609
 Email: SBDClaims@principal.com

**Instructions**

- Complete the form in its entirety for each covered person and submit it by mail, fax or email to the address/number listed above.
- Indicate which benefit(s) you are filing a claim for: Accident insurance Critical Illness/Specified Disease Insurance
 *This claim form may contain tests not available in your state. Not all employers offer every coverage.
- If you have any questions, please contact Group Life and Disability Claims at 800-245-1522.

Employer Information

Employer Name	Are you currently working? yes no	If not, provide the date last worked	
Employer's Address	State	Account Number	
Contact Name	Contact Phone Number	Were premiums paid with pre-tax dollars post tax dollars	

Doctor Information

Name of Facility or Provider	Facility or Provider Phone Number	Date of Service
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Employee Information

Employee First Name	Employee Last Name	Social Security Number	Date of Birth
Home Phone Number	Work Phone Number	Cellular Phone Number	E-mail Address
Home Address	City	State	Zip Code
Patient First Name	Patient Last Name	Relationship to Employee	Patient Date of Birth

One benefit is payable per calendar year for each covered person. Please select **ONE** test/procedure.

Cancer screening:

- | | |
|---|--|
| <input type="checkbox"/> Bone marrow cancer screening (serum protein electrophoresis) | <input type="checkbox"/> Annual Physical |
| <input type="checkbox"/> Breast cancer screening (CA 15-3, clinical breast exam, mammogram, MRI, thermography, ultrasound) | <input type="checkbox"/> Bone density screening - excluded in NY |
| <input type="checkbox"/> Cervical cancer screening (pap smear) | <input type="checkbox"/> Cardiac stress test or electrocardiogram (EKG/ECG) |
| <input type="checkbox"/> Colorectal cancer screening (CEA, colonoscopy, double contrast barium enema, fecal occult blood test, sigmoidoscopy) | <input type="checkbox"/> Chest x-ray |
| <input type="checkbox"/> Ovarian cancer screening (CA 125) | <input type="checkbox"/> Completion of a smoking cessation program |
| <input type="checkbox"/> Prostate cancer screening (digital rectal exam, PSA blood test) | <input type="checkbox"/> Completion of a weight reduction program |
| <input type="checkbox"/> Skin cancer screening | <input type="checkbox"/> Doppler screening or carotid doppler ultrasound |
| <input type="checkbox"/> Test for genetic susceptibility for the risk of cancer | <input type="checkbox"/> Human Papillomavirus (HPV) screening test - CA residents only |
| <input type="checkbox"/> Any other cancer screening test approved by the Federal Food and Drug Administration - CA residents only | <input type="checkbox"/> Human Papillomavirus (HPV) vaccine |
| | <input type="checkbox"/> Immunization |
| | <input type="checkbox"/> Standard blood chemistry profile or lipid panel (cholesterol, triglycerides, HDL, LDL, fasting blood glucose, hemoglobin A1c) |
| | <input type="checkbox"/> Ultrasound screening of the abdominal aorta - excluded in NY |

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.

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.

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.

YOU CERTIFY THAT YOU OR YOUR COVERED DEPENDENT HAD THE TEST OR PROCEDURE COMPLETED BY THE PROVIDER ON THE DATE SPECIFIED. ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT, MAY BE GUILTY OF INSURANCE FRAUD.

Signature of employee  _____ Date _____

Notice Requirements

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

Alabama: 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.

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 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.

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.

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.

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.

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 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.

Ohio: Any person who, with intent to defraud or knowing that he or she 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 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.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Virginia: Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

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.