



CLAIM FORM AND INSTRUCTIONS

If you have any questions regarding benefits available, or how to file your claim, or if you would like to appeal any determination, please contact our Customer Care Center at 1-800-348-4489 8:00 A.M. to 8:00 P.M. Eastern Standard Time

The furnishing of this form, or its acceptance by the Company as proof, must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

INSTRUCTIONS FOR FILING CANCER / SPECIFIED DISEASE / ICU / HEART / STROKE CLAIMS

- To avoid processing delays, please fill out the sections which apply to your specific claim.
- Include your policy number(s). To obtain your policy number(s) call 1-800-348-4489.
- You may fax your claim to us at 1-866-424-8482. Please be assured that your claim will receive our immediate attention. If you would like to receive your claim proceeds even faster, Allstate Benefits can automatically deposit

INSTRUCTIONS FOR FILING TRANSPORTATION AND LODGING CLAIMS:

Please attach receipts for lodging and transportation (common carrier).

TRANSPORTATION AND LODGING

Name of Patient: _____ Condition Treated: _____
Dates of Travel: _____ Dates of Lodging: _____
Home Address: _____ Location of Treatment: _____

ATTENDING PHYSICIAN'S STATEMENT

Patient's Name: _____ Age: _____

1. Diagnosis: _____
2. If condition is due to pregnancy, what is expected delivery date? Date _____ / _____ / _____
MO/DAY/YR
3. When did symptoms first appear or accident happen? Date _____ / _____ / _____
MO/DAY/YR
4. When did patient first consult you for this condition? Date _____ / _____ / _____
MO/DAY/YR
5. Has patient ever had same or similar condition? (If "yes," s/LB14.7(m)-21.8(e)14.7(or)0.6()15.4(s))TJ0 Td [(8.3(pec)at)and 0 Td de4.7(or)?

Important: To avoid delay, please sign authorization below.

