

ARAG® Indemnity Claim Form



A. INSTRUCTIONS

1. Before seeking an indemnity benefit, you must verify coverage by contacting an ARAG Customer Care Specialist at 800-247-4184 (or for TTY 800-383-4184) Monday through Friday, 7:00 a.m. — 7:00 p.m. Central time.
2. Complete all information in sections B, C, D (if applicable) and E. Your Plan Member ID can be found on your ARAG Legal Benefits Card.
3. Submit this completed form, a detailed bill with proof of payment within 180 days after legal services for which you seek payment are completed.
4. Refer to your benefit plan document for the applicable indemnity amounts.
5. Submit Claims to: **ARAG, 500 Grand Ave., Suite 100, Des Moines, IA 50309-2405, claims@ARAGlegal.com, or fax to 515-237-0278**

B. PLAN MEMBER INFORMATION

CASE CONFIRMATION NUMBER

PLAN MEMBER ID NUMBER

PLAN MEMBER NAME (LAST, FIRST, MIDDLE INITIAL)

PLAN MEMBER STREET ADDRESS

PLAN MEMBER CITY/STATE/ZIP

PLAN MEMBER DATE OF BIRTH (MM/DD/YYYY)

CHECK IF ALSO COVERED BY ANOTHER LEGAL PLAN

If Services are NOT for the Primary Plan Member, complete this section (required):

NAME (LAST, FIRST, MIDDLE INITIAL)

STREET ADDRESS (IF OTHER THAN PLAN MEMBER'S)

CITY/STATE/ZIP

DATE OF BIRTH (MM/DD/YYYY)

RELATIONSHIP TO PLAN MEMBER

SPOUSE/DOMESTIC PARTNER

PARENT/GRANDPARENT

CHILD*

*IF CHILD IS OVER 18 YEARS, INDICATE IF:

DISABLED

STUDENT

C. DETAILED DESCRIPTION OF LEGAL MATTER (IF FILED, IDENTIFY COURT WHERE FILED ALONG WITH COURT DOCKET NUMBER)

D. ATTORNEY BILLING INFORMATION

ATTORNEY NAME (LAST, FIRST, MIDDLE INITIAL)

ATTORNEY STREET ADDRESS

ATTORNEY CITY/STATE/ZIP

ATTORNEY PHONE NUMBER

ATTORNEY FAX NUMBER

ATTORNEY E-MAIL ADDRESS

FIRST CONTACT WITH ATTORNEY FOR THIS MATTER (MM/DD/YYYY)

E. PLAN MEMBER'S SIGNATURE

By submitting this claim form, I attest to the accuracy of the information submitted and agree to provide additional information necessary to adjudicate this claim.



DATE: (MM/DD/YYYY) / /

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The NAIC Claim Fraud Warning statement: “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.”

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 that the following appear on this form. Any person who knowingly presents a false or fraudulent claim form 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.”

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.”

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 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.”

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

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.”

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.”

Puerto Rico: “Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.”

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.”