GROUP HEALTH CLAIM FORM

| To Be Completed | by the Employee: | | | | | | |
|---|------------------------------|--------------|-------------------------|---------|---------------|--------------|-----------|
| Group Number | | | Name of Employer | | | | |
| | | | | | | | |
| Employee Name | | EE ID# | | | Date of Birth | | |
| Claimant Name | | | Dalatianskin t | . F. | | haalaana) | |
| Cialmant Name | | | Relationship to Self | o Er | Spouse (c | Child | |
| Is the claimant employed? Yes | | Yes | | lo | Spouse | Ciliu | |
| Is the claim a result of: | | Illness | Accider | | Other | | |
| Date(s) of service: | | | 11001001 | | | | |
| | he following informatio | n for Ini | 111*47* | | | | |
| | | | ury. | | | | |
| Date of Accident | Where did the injury oc | cur? | | | | | |
| ** *** | | | | | | | |
| How did the injury | happen? | | | | | | |
| Is any other insura | nca involvad? | Yes | N | lo | | | |
| | vide the Name, Address a | | | | ier: | | |
| ii 128, preuse prov | Tue the Hume, Hume as | | " or the other | | 1011 | | |
| | | | | | | | |
| Is this claim in any | way occupational in natu | 1ro? | | | Yes | No | |
| Is this claim in any way occupational in nature? Is this claim covered by Workman's Compensation? | | | | | Yes | No | |
| | | | | | | | |
| Do any family mem | er insurance pla | an? | | Yes | No | | |
| I declare that the abo | ve information is correct an | nd is the he | esis under which | hen | efits are nr | ovided under | thic Plan |
| | e of any information that m | | | | - | | |
| | e to abide by the Subrogatio | • | • | _ | _ | • | - |
| Summary Plan Descr | - | | _ | | | | |
| | | | | | | | |
| Signature of Claim | ant. | | | <u></u> | lata . | | |
| Signature of Claim | аш | | | D | ate | | |
| | | | | | | | |
| Signature of Employee | | | • | D | ate | | |
| T 41 • | . 61 64 | • | 1• A • | | | | |
| I authorize paymen | nt of benefits to the physic | cian or su | pplier of servic | e: | | | |

SUBMIT COMPLETED FORM TO:

Signature of Employee

CORE Benefits, Inc

P.O. Box 80465 Fort Wayne, IN 46898-0465

Ph: 260.492.7451 Fax: 260.492.7292