



Health Screening Benefit Claim Form

New York Life Group Benefit Solutions
P.O. Box 709015
Dallas, TX 75370-9015

Fax: (800) 642-8553
Email: GBSIntakePaper@NewYorkLife.com
New York Life Insurance and Annuity Corporation

Employee Information				
Name of Your Employer				
First Name	Last Name	Birthdate (MM/DD/YYYY)	Social Security Number	Gender
Mailing Address		City	State	Zip Code
Email Address		Phone Number	Opt in for email alerts <input type="checkbox"/> Opt in for text alerts <input type="checkbox"/>	
Job Title			Date of Hire (MM/DD/YYYY)	

Claimant Information				
Who is this claim being filed for? <input type="checkbox"/> Employee/Self <input type="checkbox"/> Dependent Spouse* <input type="checkbox"/> Domestic Partner* <input type="checkbox"/> Dependent Child*				
*If you are submitting this claim for a dependent, please complete the Dependent Information section below.				

Dependent Information			
First Name	Last Name	Birthdate (MM/DD/YYYY)	Social Security Number

Exam Details																																	
Exam Date (MM/DD/YYYY)	Who performed the exam (physician, nurse, etc.)																																
Exam performed <table><tbody><tr><td><input type="checkbox"/> Annual Physical</td><td><input type="checkbox"/> Biometric Screening</td><td><input type="checkbox"/> Blood Test for Cancer</td><td><input type="checkbox"/> Bone Density Test</td></tr><tr><td><input type="checkbox"/> Immunization</td><td><input type="checkbox"/> Mammogram</td><td><input type="checkbox"/> Biopsies for Cancer</td><td><input type="checkbox"/> Stress Test</td></tr><tr><td><input type="checkbox"/> Routine Dental Exam</td><td><input type="checkbox"/> Electrocardiogram</td><td><input type="checkbox"/> Screening for Cancer</td><td><input type="checkbox"/> Chest X-Ray</td></tr><tr><td><input type="checkbox"/> Routine Eye Exam</td><td><input type="checkbox"/> Colonoscopy</td><td><input type="checkbox"/> Skin Cancer Screening</td><td><input type="checkbox"/> Pap Smear</td></tr><tr><td><input type="checkbox"/> Hearing Screening</td><td><input type="checkbox"/> Sigmoidoscopy</td><td><input type="checkbox"/> Blood Test for Lipids</td><td><input type="checkbox"/> Testicular Ultrasound</td></tr><tr><td><input type="checkbox"/> Mental Health Screening</td><td><input type="checkbox"/> Prostate Exam</td><td><input type="checkbox"/> Blood Glucose Test</td><td><input type="checkbox"/> Smoking Cessation Program</td></tr><tr><td><input type="checkbox"/> Concussion Screening</td><td><input type="checkbox"/> Cholesterol Test</td><td><input type="checkbox"/> Blood Screening Test</td><td><input type="checkbox"/> Weight Reduction Program</td></tr><tr><td><input type="checkbox"/> Wellness Fair Sponsored by your Employer</td><td colspan="3"><input type="checkbox"/> Other (please specify):</td></tr></tbody></table>		<input type="checkbox"/> Annual Physical	<input type="checkbox"/> Biometric Screening	<input type="checkbox"/> Blood Test for Cancer	<input type="checkbox"/> Bone Density Test	<input type="checkbox"/> Immunization	<input type="checkbox"/> Mammogram	<input type="checkbox"/> Biopsies for Cancer	<input type="checkbox"/> Stress Test	<input type="checkbox"/> Routine Dental Exam	<input type="checkbox"/> Electrocardiogram	<input type="checkbox"/> Screening for Cancer	<input type="checkbox"/> Chest X-Ray	<input type="checkbox"/> Routine Eye Exam	<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Skin Cancer Screening	<input type="checkbox"/> Pap Smear	<input type="checkbox"/> Hearing Screening	<input type="checkbox"/> Sigmoidoscopy	<input type="checkbox"/> Blood Test for Lipids	<input type="checkbox"/> Testicular Ultrasound	<input type="checkbox"/> Mental Health Screening	<input type="checkbox"/> Prostate Exam	<input type="checkbox"/> Blood Glucose Test	<input type="checkbox"/> Smoking Cessation Program	<input type="checkbox"/> Concussion Screening	<input type="checkbox"/> Cholesterol Test	<input type="checkbox"/> Blood Screening Test	<input type="checkbox"/> Weight Reduction Program	<input type="checkbox"/> Wellness Fair Sponsored by your Employer	<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Annual Physical	<input type="checkbox"/> Biometric Screening	<input type="checkbox"/> Blood Test for Cancer	<input type="checkbox"/> Bone Density Test																														
<input type="checkbox"/> Immunization	<input type="checkbox"/> Mammogram	<input type="checkbox"/> Biopsies for Cancer	<input type="checkbox"/> Stress Test																														
<input type="checkbox"/> Routine Dental Exam	<input type="checkbox"/> Electrocardiogram	<input type="checkbox"/> Screening for Cancer	<input type="checkbox"/> Chest X-Ray																														
<input type="checkbox"/> Routine Eye Exam	<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Skin Cancer Screening	<input type="checkbox"/> Pap Smear																														
<input type="checkbox"/> Hearing Screening	<input type="checkbox"/> Sigmoidoscopy	<input type="checkbox"/> Blood Test for Lipids	<input type="checkbox"/> Testicular Ultrasound																														
<input type="checkbox"/> Mental Health Screening	<input type="checkbox"/> Prostate Exam	<input type="checkbox"/> Blood Glucose Test	<input type="checkbox"/> Smoking Cessation Program																														
<input type="checkbox"/> Concussion Screening	<input type="checkbox"/> Cholesterol Test	<input type="checkbox"/> Blood Screening Test	<input type="checkbox"/> Weight Reduction Program																														
<input type="checkbox"/> Wellness Fair Sponsored by your Employer	<input type="checkbox"/> Other (please specify):																																

CAUTION: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act. For residents of the following states, please see the section titled "Important Claim Notice" of this form: **Arizona, California, Colorado, District of Columbia, Florida, Kansas, Kentucky, Louisiana, Maryland, Minnesota, New Jersey, Oregon, Pennsylvania, Puerto Rico, Rhode Island, Tennessee, Texas, Virginia or Washington.**

NEW YORK FRAUD WARNING: 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 \$5000 and the stated value of the claim for each such violation.

Signature:

Date:

OPT IN FOR TEXT ALERTS: If you choose to receive text messages, you agree to receive a one-time text/SMS message as part of the opt-in process. Standard text/SMS rates may apply. Check with your mobile phone carrier.

OPT IN FOR EMAIL ALERTS: If you choose to receive email messages, you agree to receive email communications, sent to the email address provided, as part of the opt-in process and agree to New York Life Insurance Company's privacy policy.

© 2023, New York Life Insurance Company, New York, NY. NEW YORK LIFE and the box logo are trademarks of New York Life Insurance Company. All rights reserved. New York Life Group Benefit Solutions products are provided by New York Life Insurance and Annuity Corporation, Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

Important Claim Notice

Arizona Residents: 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 Residents: 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 Residents: 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 Residents: 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 Residents: 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.

Kansas Residents: Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, may be guilty of insurance fraud determined by a court of law.

Kentucky Residents: 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 Residents: 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 Residents: 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.

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

Oregon Residents: Any person who includes any false or misleading information on an application for an insurance policy, may be guilty of fraud and may be subject to civil or criminal penalties if intentional and material to the risk assumed.

Pennsylvania Residents: 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 Residents: Caution: 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 by 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 be 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.

Rhode Island Residents: 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.

Tennessee Residents: 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.

Texas Residents: 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.

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

Washington Residents: 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.