

**ACCELERATED BENEFITS CLAIM FORM**

POLICY NUMBER(S) \_\_\_\_\_ AMOUNT OF ACCELERATED BENEFIT 30% 60%

FULL NAME OF INSURED \_\_\_\_\_ SSN \_\_\_\_\_

RESIDENCE ADDRESS OF INSURED \_\_\_\_\_

HOME NUMBER \_\_\_\_\_ WORK NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

DATE OF BIRTH OF INSURED \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

CURRENT OCCUPATION \_\_\_\_\_ DATE LAST WORKED \_\_\_\_\_

WHEN DID YOU FIRST COMPLAIN OR GIVE OTHER INDICATIONS OF THIS ILLNESS?  
\_\_\_\_\_

NAME/ADDRESSES OR PHONE NUMBERS OF ALL PHYSICIANS OR PRACTITIONERS THAT YOU CONSULTED:

NAMES/ADDRESSES	PHONE NUMBER	DATE OF ATTENDANCE	DISEASE OR CONDITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The statements above are true and complete. Any physician or practitioner who has attended \_\_\_\_\_, the Insured, and/or any hospital (including Veterans Administration Hospital) or other institution in which the Insured was treated or confined, is hereby authorized to furnish to Leaders Life Insurance Company or its representatives, any and all information and records with respect to any illness or injury, medical history, consultations, prescriptions or treatments pertaining to the Insured. *I further understand that the information authorized for release may indicate the presence of a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea or the human immune deficiency virus, also known as acquired immune deficiency syndrome (AIDS).*

**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.

**INSUREDS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*If the named insured is so incapacitated to be unable to sign this form, next of kin or person with current power of attorney must sign and the form must be notarized.*

DATED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ personally appeared before me the above named \_\_\_\_\_ who is known to me and who subscribed the foregoing statement before me and made oath that the foregoing answers are each and all complete and true.

Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_