



**Banner Life Insurance Company**  
 Attention: Retirement Services  
 3275 Bennett Creek Avenue  
 Frederick, Maryland 21704  
 (800) 664-6129

**ANNUITANT  
 STATEMENT OF DISABILITY**

Annuitant Name: \_\_\_\_\_ Certificate Number(s): \_\_\_\_\_

<b>Please provide the following information for the disabled individual:</b>	
1. Full Name and Address	
2. Date of Birth	
3. Occupation at Inception of Disability	
4. Employer's Name and Address	
5. Illness or Injury Contributing to Disability	
6. Date of Accident or Inception of Illness	____/____/____
7. How long have you been continuously disabled?	Totally Disabled From ____/____/____ to ____/____/____ Partially Disabled From ____/____/____ to ____/____/____ If still disabled, when do you expect to resume some useful work? ____/____/____
8. Are you receiving Social Security Disability Benefits (SSDI)?  If so, please note the date benefits began and forward a copy of your SSDI Determination Letter as evidence of SSDI benefit eligibility.	<input type="checkbox"/> Yes <input type="checkbox"/> No  ____/____/____

By signing below, you declare that all answers provided in this Statement of Disability are true and complete.

A person who knowingly and with intent to injure, defraud or deceive an insurance company, files a claim or makes a statement containing false, incomplete or misleading information may be guilty of a felony or misdemeanor. **Refer to "Fraud Warning Notices"** insert for your state.

Annuitant's Signature \_\_\_\_\_ Date \_\_\_\_\_



## CLAIMANT'S STATEMENT FRAUD NOTICES

Some states require us to provide the following Claim Fraud Warning Statement to you:

### **Fraud Warning for Alaska Residents**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

### **Fraud Warning for 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.

### **Fraud Warning for Arkansas 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.

### **Fraud Warning for California Residents**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents 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.

### **Fraud Warning for 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 certificate holder or claimant for the purpose of defrauding or attempting to defraud the certificate holder 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.

### **Fraud Warning for Delaware Residents**

Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

### **Fraud Warning for 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.

### **Fraud Warning for 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.

### **Fraud Warning for Idaho Residents**

Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

### **Fraud Warning for Indiana Residents**

Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

### **Fraud Warning for 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.

### **Fraud Warning for Maine 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 may include imprisonment, fines or denial of insurance benefits.

### **Fraud Warning for Maryland Residents**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



**Fraud Warning for 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.

**Fraud Warning for New Hampshire Residents**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment of insurance fraud, as provided in RSA 638:20.

**Fraud Warning for 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.

**Fraud Warning for New Mexico 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 civil fines and criminal penalties.

**Fraud Warning for Ohio Residents**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Fraud Warning for Oklahoma Residents**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance certificate containing any false, incomplete or misleading information is guilty of a felony.

**Fraud Warning for Oregon Residents**

Any person who knowingly and with intent to defraud, or solicits another to defraud, an insurer by submitting an application or filing a claim containing any false or deceptive material information may be guilty of insurance fraud.

**Fraud Warning for 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 subject such person to criminal and civil penalties.

**Fraud Warning for 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.

**Fraud Warning for 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 may include imprisonment, fines or denial of insurance benefits.

**Fraud Warning for Texas Residents**

Any person who knowingly presents 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.

**Fraud Warning for Virginia 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 may include imprisonment, fines, and denial of insurance benefits.

**Fraud Warning for Washington Residents**

NOTICE: 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.

**Fraud Warning for West Virginia 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.

