ING

Attending Physician's Statement of Critical Illness

ReliaStar Life Insurance Company
A member of the ING family of companies
Toll-Free: 888-238-4840

This completed form must be sent with the claim to: ING Employee Benefits, P.O. Box 1548, Minneapolis, Minnesota 55440. ***The patient is responsible for the completion of this form without expense to the insurance company.***

Name of Patient *(print)*	Birthdate	Critical Illness Insurance Certificate Number
Patient's Address *(street, city or town, state, zip code)*		

Specify which Critical Illness is Applicable

☐ Renal (Kidney) Failure ☐ Heart Attack ☐ Cancer ☐ Stroke ☐ Coma ☐ Major Organ Transplant/Failure
☐ Carcinoma in Situ ☐ Coronary Artery Bypass ☐ Paralysis ☐ Occupational HIV

1. History

a. When did symptoms first appear *(month, day, year)*

c. Has patient ever had the same similar condition? *(If "yes," state when and describe.)*
☐ Yes ☐ No

2. Present Condition

a. Subjective symptoms:

b. Objective findings *(include results of current X-rays, EKGs or any other special tests)*:

3. Diagnosis

4. Treatment

a. Date of first visit *(month, day, year)*:	b. Date of last visit *(month, day, year)*:
c. Frequency of visits: ☐ Weekly ☐ Monthly ☐ Other _____	d. When did you last examine the patient? *(month, day, year)*

5. Progress

☐ Recovered ☐ Improved ☐ Unimproved ☐ Retrogressed

6. Mental Condition

Is the patient competent to endorse checks and direct the use of proceeds thereof?
☐ Yes ☐ No

Complete IF critical illness is for Heart Attack or Coronary Artery Bypass

7. Cardiac

a. Functional Capacity *(American Heart Association)* ☐ Class 1 *(No limitation)* ☐ Class 3 *(Marked limitation)* ☐ Class 2 *(Slight limitation)* ☐ Class 4 *(Complete limitation)*	b. Blood pressure

Name of Patient	Critical Illness Insurance Certificate Number

REMARKS:

COMPLETED BY:

Signature *(Attending Physician)*	Degree	Date
Attending Physician's Name *(please print)*	Address	
Tax I.D. No.	Phone Number ( )	

Fraud Warnings

Alaska, Arkansas, Delaware, Idaho, Indiana, Louisiana, Maine, Minnesota, New Mexico, Ohio, Oklahoma, Oregon, Tennessee, Texas, Washington, West Virginia: Any person who, knowingly 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, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

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 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.

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.

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

New Hampshire: 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 for insurance fraud, as provided in RSA 638:20.

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

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 intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.