



Administrated by Universal Fidelity Life Insurance Company
PO BOX 1604, Duncan, Oklahoma, 73534-1604
Toll Free: (800) 366-8354

Annual Cancer Screening Benefit Claim Submission

Fax to: (580) 255-0951

Number of Pages Including Cover: _____

From: _____

Phone: _____ Date: _____

INSTRUCTIONS

PLEASE ATTACH A COPY OF THE DOCTOR'S BILL SHOWING THE SERVICE PERFORMED, DATE OF SERVICE, AND AMOUNT CHARGED FOR THE CANCER SCREENING PERFORMED.

Policy Number: _____ Name of Patient: _____

Date of Birth: _____ Patient is: Male Female Student

Patient is: Primary Insured Spouse Child Other _____

Name and address of primary insured: _____

Notes or Comments: _____

General Fraud Warning: 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.

I further certify that I have read and understand the above Fraud Warning Statement.

Signature of Claimant: _____

Date: _____