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TheStandard®

The Standard Life Insurance Company of New York
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Health Maintenance Screening Benefit Claim Form

Instructions

Please complete, sign and submit this form to the address, email address or fax number at the top of this form. You will need to complete a separate form for each family member. If you submit claim information by email, please keep in mind that communications via email are not secure. While unlikely, there is a possibility that information can be intercepted in transmission or misdirected and read by other parties besides the person to whom it is addressed. Please consider communicating any sensitive information by fax or mail. If known, please include your Employer Name and Policy Number, Insured's Name and Claim Number on documentation submitted.

For specific information about your benefits, refer to your group insurance certificate. The group policy and certificate are the ultimate authority for Health Maintenance Screening Benefit claim decisions. If you need additional information, please contact your employer's benefit administrator or call the customer service line listed above.

For a prompt review of your claim, ALL of this form must be thoroughly completed and signed.

A. About the Insured

Full Name	Employer/Company Name	Group Policy No.	
Social Security No.	Date of Birth	Gender ☐ Male ☐ Female ☐ X	
Phone No. ( )	Email Address		
Mailing Address	City	State	ZIP

B. About the Patient – Check One ☐ You ☐ Spouse ☐ Domestic Partner ☐ Civil Union Partner ☐ Child

If the Insured is the Patient, then you do not need to complete this section again.

Full Name	Social Security No.	Phone No. ( )
Email Address	Date of Birth	Gender ☐ Male ☐ Female ☐ X

C. About the Health Maintenance Screening Procedure(s) performed

Procedure	Date Performed (mm/dd/yy)	Procedure	Date Performed (mm/dd/yy)
Abdominal aortic aneurysm ultrasound		Comprehensive Metabolic Panel (CMP)	
ABI - Ankle Brachial Index screening for peripheral vascular disease		Electrocardiogram (EKG)	
		Hemocult stool analysis	
Biopsies for cancer		Hemoglobin A1C	
Bone density screening		Human Papillomavirus Vaccination (HPV)	
Breast ultrasound		Lipid panel	
CA 125 (blood test for ovarian cancer)		Mammography	
CA 15-3 (blood test for breast cancer)		Pap smears or thin prep pap test	
CEA (blood test for colon cancer)		PSA (blood test for prostate cancer)	
Colonoscopy		Stress test (bicycle or treadmill)	
Complete Blood Count (CBC)			

Fraud Notice – 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 five thousand dollars and the stated value of the claim for each such violation.

Acknowledgement – I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the above fraud notice.

Signature of Insured _____ Date _____

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