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Lumico Life Insurance Company
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Contestable Claim Supplement

This form is required on all claims where the insured died within two years of the policy's start date (or reinstatement date). If more than one beneficiary is filing a claim, only one claimant needs to complete this form. This form should be returned at the same time as the Life Claimant Statement to avoid processing delays.

Section A: Claimant Honesty Clause (person completing this form)

1. **Honesty Clause:** Giving truthful and complete information about the insured's medical history is important for the timely and accurate processing of your claim. Failure to provide information could result in processing delays.

Do you agree to provide true and complete information about the insured's medical history and treating medical providers to the best of your knowledge?

☐ No ☐ Yes

Your Name (printed)

Your Signature

2. **How would you rate your knowledge level of the insured's treating medical providers (e.g., doctors, hospitals, etc.) within the past <u>five years</u>?** (check one)

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I know *none* of this information	I know *very little* of this information	I know *some* of this information	I know *most* of this information	I know *all* of this information

Section B: Insured Medical Information (the person who is deceased)

3. **Insured's Full Name** (First, Middle, Last)

This is the person insured by the life insurance policy that is now deceased.

4. **Insured's Last 4 of SSN**

xxx-xx-___ ___ ___ ___

Don't know ☐

Insured's social security number or Federal Tax ID.

5. **Insured's Date of Birth** (mm/dd/yyyy)

___ ___ / ___ ___ / ___ ___ ___ ___

Don't know ☐

This helps us verify the insured's identity if you don't have the policy number.

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6. a) To the best of your knowledge, did the insured see a primary care physician (PCP)?

☐ Yes – Complete 6b
☐ No
☐ Don't know

b) If 'Yes' to Question 6a: Please list any information you know about the insured's PCP, such as name, location, and phone number.

☐ Don't know

Name

Location (city, state)

Phone number

A PCP typically serves as the first point of contact for a patient's healthcare needs. They provide comprehensive and continuous care for a wide range of medical issues.

PCPs often include family doctors, general specialists, and internists. They are responsible for coordinating

7. a) To the best of your knowledge, did the insured see any specialists for specific conditions in the past five years (e.g., cardiologist, oncologist, psychiatrist)?

☐ Yes – Complete 7b
☐ No
☐ Don't know

b) If 'Yes' to Question 7a: Please list any information you know about the specialists treating the insured, including:
- Specialist type
- Specialist name
- Location (city, state)

☐ Don't know

Specialists typically focus on diagnosing, managing, and treating conditions related to a particular body system or disease. They play a critical role in providing targeted care for more specific health issues.

If you need more space than what's provided in this form, please include a separate piece of paper.

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8. a) To the best of your knowledge, was the insured hospitalized, in a nursing facility, confined to a bed, or receiving hospice care prior to death?

☐ Yes – Complete 8b
☐ No
☐ Don't know

b) If 'Yes' to Question 8a: Select which of the above item(s) apply and confirm *approximately* when care first started.

	Start Date (month, year)
☐ Hospitalized	
☐ Admitted to nursing facility	
☐ Confined to a bed	
☐ Placed under hospice care	

9. a) To the best of your knowledge, was the insured admitted to a hospital or emergency room in the <u>past five years</u>?

☐ Yes – Complete 9b
☐ No
☐ Don't know

b) If 'Yes' to Question 9a: Please list any information you know about the following:
- Reason for the insured's hospital or emergency room visit(s)
- Hospital or emergency clinic name
- Hospital or emergency clinic location (city, state)

☐ Don't know

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10. **a) To the best of your knowledge, was the insured ever diagnosed with a terminal medical condition?**

☐ Yes – Complete 10b
☐ No
☐ Don't know

b) If 'Yes' to Questions 10a: What terminal condition(s) was the insured diagnosed with and when?

☐ Don't know

A terminal condition is a diagnosis that is typically expected to result in a limited life span of 12 months or less

11. **a) To the best of your knowledge, was the insured a veteran of the U.S. armed forces?**

☐ Yes – Complete 11b
☐ No
☐ Don't know

b) If 'Yes' to Question 11a: To the best of your knowledge, did the insured receive medical care through a Veteran's Affairs (VA) hospital or clinic?

☐ Yes – Complete 11c
☐ No
☐ Don't know

c) If 'Yes' to Question 11b: Please list any information you know about VA hospitals or clinics that the insured was treated by in the past five years, including name and location. If you've already included this information in prior questions, you do not need to list it again.

☐ Don't know

We must follow a different process to verify medical information with VA-affiliated facilities. Knowing this early in the process may help expedite our claim review.