Leaders Life Insurance Company
Administered by:
Bay Bridge Administrators, LLC
PO Box 161690
Austin TX 78716
(800) 845-7519

FMLA Disability Income Benefit, Gunshot Benefit, HIV/Hepatitis Exposure Benefit
Claim Filing Instructions

Page 1 – Insured's Statement of Claim
Must be completed each time you file a claim.

FMLA Claim - Submit insured's statement and completed Employer's Statement.

Gunshot Benefit Claim- Submit insured's statement and police report.

HIV/Hepatitis Exposure Benefit Claim - Submit insured's statement and completed Employer's Statement and attach a copy of the itemized bill for HIV/Hepatitis testing and/or immunization.

Page 2 – Authorization
Claimant or Authorized Representative must sign and date Authorization to allow medical providers to release medical records to Bay Bridge Administrators, LLC

Page 3 – Employer's Statement
This form must be completed by your Employer representative for FMLA and

Return fully completed forms and
documentation by mail or fax to:

Bay Bridge Administrators, LLC
PO Box 161690
Austin TX 78716
512-275-9350 (fax)

For questions call: 800-845-7519

Claim Form for FMLA, Gunshot Benefit & HIV/Hepatitis Exposure

INSURED'S STATEMENT OF CLAIM

Leaders Life Insurance Company
Administered by:
Bay Bridge Administrators, L.L.C
PO Box 161690
Austin TX 78716
800-845-7519

Name of Insured		Insured's Date of Birth
Mailing Address		Policy Number
City	State	Zip Code

Name of Claimant	Claimant's Date of Birth

Relationship to Insured	Claim for: ☐ FMLA ☐ Gunshot Benefit ☐ HIV/Hepatitis Exposure	If claim is for FMLA, list start/end dates of Employer approved FMLA leave

If claim is for Gunshot Benefit list date of injury	If claim is for HIV/Hepatitis Exposure list date of exposure and date of testing/immunization

For Gunshot Benefit and HIV Hepatitis Claims only - If you were not on active duty with your primary employer at time of gunshot/HIV/Hepatitis exposure, please have the Employer's Statement completed by the employer for whom you were working when the incident occurred.

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.

Signature of Insured_____

The above Statements are true to the best of my knowledge and belief **Date** _____

Signature of Authorized Representative if Insured Unable to Sign

_____

Date _____

AUTHORIZATION
FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I authorize the use and/or disclosure of my protected health information as described below:

1. My authorization applies to that information obtained by all health care professionals. This information may include my medical records, laboratory reports, prescription medication records, and radiology reports in the possession of all health care professionals. Only this information may be used and/or disclosed pursuant to this authorization.

2. I authorize all health care professionals to disclose my protected health information.

3. I authorize only designated staff of Bay Bridge Administrators, LLC to receive, in writing, by photocopy, facsimile, or by telephone, my protected health information.

4. I understand that, if my protected health information is disclosed to someone who is not required to comply with federal privacy protection regulations, such information may be re-disclosed and would no longer be protected.

5. I understand that I have a right to revoke this Authorization at any time. My revocation must be in writing in a letter addressed to Bay Bridge Administrators, LLC. This revocation shall become effective on the date it is received by Bay Bridge Administrators, L.L.C. I am aware that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this Authorization.

6. This Authorization is valid for twelve (12) months from the date of execution hereof.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS AUTHORIZATION AND AUTHORIZE THE USE AND/OR DISCLOSURE OF MY PROTECTED HEALTH INFORMATION AS CONTEMPLATED HEREIN.

_____ _____ _____
Signature Print Name Date

I have legal authority* under the laws of the State of _____to make health care decisions on behalf of _____, the individual to whom the use and/or disclosure of protected health information above applies, and execute this Authorization in my capacity as Authorized Representative thereof.

_____ _____ _____
Name of Authorized Representative Relationship to Claimant Date
Parent or Guardian

*A copy of the legal authority document must be on file with Bay Bridge Administrators, LLC

Employer's Statement

Insured's Name	SSN:	Relationship to Employee:
Employee's Name	SSN:	
Occupation:		
FMLA CLAIM Was FMLA granted to care for Spouse? Yes □ No □ Dates Employee missed work due to approved FMLA leave: From _____to_____ Has Employee returned to work? Yes □ No □ If yes, full-time date_____	**GUNSHOT CLAIM** Date of Gunshot_____ Was Employee actively at work on this date? Yes □ No □ **HIV/HEPATITIS EXPOSURE CLAIM** Date Employee exposed to HIV/Hepatitis _____ Was Employee on duty at time of exposure? Yes □ No □	
Name and Address of Employer		
Employer Signature	Date Signed	
Printed Name and Title	Employer's Telephone Number	
E-mail address	Fax Number	

Return fully completed form by mail or fax to:
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Austin TX 78716
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For questions call: 800-845-7519

State Specific Fraud Warning Statements

Arkansas
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.

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 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.

Kentucky
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.

Louisiana
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.

Maryland
Any person who knowingly and willfully 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.

New Jersey
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico
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.

North Carolina
Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.

Ohio
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.

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

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.

Rhode Island
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.

Tennessee, Virginia and Washington
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.