



# Claim Form

from Continental Life Insurance Company of Brentwood, Tennessee

An Aetna Company

## Senior Supplemental Insurance

P.O. Box 14862  
Lexington, KY 40512  
800-264-4000

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- Print clearly and use blue or black ink.

### Policyholder information

All information requested in this form **must** be completed before your claim can be considered.

Full name of policyholder *First, M.I., Last*

•

Policy number

•

Policyholder address

•

City

State

Zip

•

Is the claimant deceased?

Yes

No

If "yes," what is the name and relationship of person completing this form:

*Please provide a copy of the death certificate*

•

What was the medical diagnosis?

Cancer

Heart Attack

Stroke

What is the name and address of the claimant's primary care physician?

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What is the name and address of the doctor who made the diagnosis?

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Names of any other doctors who attended for this condition

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What other doctors have been consulted or given treatment during past five years?

Name of doctor

Address

Ailment/nature of treatment

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Is this a claim for intensive care unit (ICU) benefits?

Yes

No

If "yes," provide the name and address of the facility, the doctor's name and the reason for being placed in ICU.

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