

You are eligible to receive the amount shown in your Schedule of Benefits per Calendar Year per Insured if you have a health screening test. Health Screening Tests include but are not limited to the following:

CRITICAL CARE Policy - Preventive Care Benefit

Test are limited to: Blood Test for triglycerides; Breast ultrasound; Chest X-ray; Colonoscopy; Electrocardiogram; Fasting blood glucose test; Flexible sigmoidoscopy; Hemocult stool analysis; Mammography; Pap test; PSA- blood test for prostate cancer; Serum cholesterol test to determine level of HDL and LDL; Serum Protein Electrophoresis - blood test for myeloma; and Stress test on a bicycle or treadmill.

CANCER CARE Policy - Specified Disease Screening Tests Benefit

Tests should be performed on an Insured Person Age 35 and older for all tests combined: Breast ultrasound, Pap smear, Mammogram, Biopsy, Flexible Sigmoidoscopy, Hemocult Stool Specimen, Chest X-ray, CEA (blood test for Colon Cancer), CA 125 (blood test for Ovarian Cancer), PSA (blood test for Prostate Cancer), Thermography or Colonoscopy.

To submit a claim:

1. Complete this form.
2. **Attach a copy** of the itemized bill from your provider showing the service date and exam(s) performed.
3. Mail completed claim to P.O. Box 9678 Amarillo, TX 79105-9678.
Or you may submit your claim by fax to 713-831-3028.

INSURED'S STATEMENT

Policy No. _____

Name _____

Date of Birth _____

Address _____

City _____ State _____ ZIP _____

AUTHORIZATION AND ACKNOWLEDGEMENT

I hereby certify that the statements on this form are complete and accurate to the best of my knowledge and the services described have been received.

Insured Signature

Date

Phone No.

E-mail