# **PACIFIC LIFE**

#### Pacif c Life & Annuity Company

AHb: K cf\_ZcfW BYbYf hg – C`U]a g PO BcI 2387 p Oa U\U NE 68103-2387 P\cbY (855) 810-3301 p FUI (949) 219-8872 WU]a g.k cf\_ZcfWVYbYf hg@dUVJf W]ZY.Vta

Section 1: About the Primary I	Insured							
F]fghNUa Y: M]XX`Y b]h]U`:		LUghNUa Y:				Gil:		
AXXfYgg:		C]Im				GHUHY:	N]d CcXY:	
DUHY cZB]fh\ (a a /XX/mmmm): GcV)jU' GYVV f]hmN		mNi a VYf:	Pc`]WmhNiaVYf: PfYZY			PfYZYf	ZYffYX P\cbY Ni a VYf:	
Ea UJ AXXfYgg:			K\YbkUgnocif`UghXUmUVMjjY`mUhkcf_?(aa/XX/mmmm):					
Section 2: About the Patient								
F]fghNUa Y:		M]XX`Y b]hjU`:	LUghNUa Y:	(PD <b>KIE</b> )	199°B8			Gi I:
DUHY cZB]fh\ (a a /XX/mmmm): GcV]JU' GYVV f]hmNi a VYf:		FY`Uhjcbg\]dhcmci?(W\YW_cbY) Spouse Child EKDEVPUPÈNERENENENENENENENENENENENENENENENENENEN						
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AHb: K cf\_ZcfW BYbYf hg - C`U]a g PO Bcl 2387 p Oa U\U NE 68103-2387 P\cbY (855) 810-3301 p FUI (949) 219-8872 WU]a g.k cf\_ZcfWVYbYf hg@dUWf W]ZY.Vt/a

# Group Critical Illness - Insured/Patient Statement

Section 4: Information About the Treatment Cca d`YhY h\]g gYVhJcb hc dfcj ]XY XYhU]`g fY`UhYX hc h\Y hfYUha YbhfYWY]j YX. Attach a blank sheet with any additional provider details.							
P∖ng]MJUbNUaY:	GdYVJU'hm						
AXXfYgg:		C]hm	GHUHY:	N]d CcXY:			
P\cbY Ni a VYf:	FUI Ni a VYf:	DUHY cZF]fghJ]g]h(a a /XX/nmmm):	J <b>ghJ]g]h</b> (a a /XX/nmmm):				
HmodY cZJ]g]h (gY`YVM/cb`mcbY)							
Chiropractor Ea Yf[YbWmFcca Pf]a UfmCUfY P\mg]WJUb GdYWJU`]ghP\mg]VJUb Telemedicine Urgent Care Oh\Yf:							
HmdYcZCUfYFYWY]jYX (gY`YWAU	``h\UhUdd`m)						
B`ccXkcf_ CTscan MRI PETScan Gif[Yfm L-FUng Oh∖Yf:							
P∖ng]MJUbNUaY:	GdYVJUhm						
AXXfYgg:		C]lm	GHUHY:	N]d CcXY:			
P∖cbY Ni a VYf:	FUI Ni a VYf:	DUHY cZF]fghJ]g]h(a a /XX/mmmm): DUHY cZLUghJ]g]h(a a /XX/mmmm):					
HmodYcZj]g]h(GY`YVb/cb`mcbY)		· · · · ·					
Chiropractor Ea Yf[YbWmFcca Pf]a UfmCUfY P\mg]VJUb GdYVJU`]ghP\mg]VJUb Telemedicine Urgent Care Oh\Yf:							
HmdYcZVV/fYfYWY]jYX(GY`YV/hU`	`h\UhUdd`n)						
B`ccXk cf_ CT scan N	/IRI PET Scan Gi f[Yfm	L-FUng Oh\Yf:					
Section 5: Hospital/Facility In	formation						
Hcgd]hU`/FUW¥]hm	HfYUhjb[P\ng]VjUb:						
AXXfYgg:		C]lm	GHUHY:	N]d CcXY:			
P\cbY Ni a VYf:	Date Admitted (a a /XX/mmm): Date Discharged (a a /XX/mmm):						

• H\Y Ubgk Yfg dfcj ]XYX ]b h\]g ghUhYa YbhUfY hfi Y UbX Waa d`YhY hc h\Y VYghcZa m\_bck `YX[Y.

- \UjYfYUXUbXibXYfghUbXh\Y]bZcfaUh]cb]bh\YC`U]a FfUiXGhUhYaYbhggYVh/jcb.
- i bXYfgHUbX h\Uh a UmWebgi `hk ]h\ Ub ]bXYdYbXYbhfbUbV]U', HUI, cf `Y[U` UXj ]gcf, Ug bYYXYX. PUV]fWL]ZY & Abbi ]hm Cca dUbmk ]`` bchdfcj ]XY a Y k ]h\ UbmfbUbV]U', HUI, cf `Y[U` UXj ]W cf fYWe a YbXUh]cbg.



# **Claim Fraud Statements**

### Please read the warning for your state.

**General Fraud Warning:** AbmdYfgcbk\c\_bck]b[`mdfYgYbhgUZU`gYgHUhYaYbh]bUWU]a Zcf ]bgifUbWfaUmVY[i]`hmcZUWf]a]bU`cYbgYUbXgiV^YMihcdYbU`h]YgibXYfgHUhY`Uk.(Nch Udd`]WUV`Y]bJ]f[]b]U)

H\Y`UkgcZYUWXghUhY`]ghYXVY`ckfYei]fYighcZifb]g\mcik]h\h\Ybch]WY]bX]WUhYXVY`ck.

Arizona: Fcfmcifdfch/WoljcbAf]ncbU`UkfYei]fYgh\YZc``ck]b[ghUhYaYbhhcUddYUfcbh\]g Zcfa.AbmdYfgcbk\c\_bck]b[`mdfYgYbhgUZU`gYcfZfUiXi`YbhWU]aZcfdUmaYbhcZU`cgg]g giV^YWhcW9]a]bU`UbXWJj]`dYbU`h]Yg.

**California:** FcfmcifdfchYVMgcb, CU`]Zcfb]U`Uk fYei]fYgh\YZc``ck]b[X]gWcgifY:AbmdYfgcbk\c \_bck]b[`mdfYgYbhgZU`gYcfZfUiXi`Ybh]bZcfaUh]cbhccVhU]bcfUaYbX]bgifUbWYWcjYfU[Ycf hcaU\_YUWU]aZcfh\YdUmaYbhcZU`cgg]g[i]`hmcZUWf]aYUbXaUmVYgiVYVMhcfbYgUbX WcbfbYaYbh]bghUhYdf]gcb.

**District of Columbia:** K AFN NG: h]gUW/]a Yhc dfcj ]XY ZU`gY cfa ]g`YUX]b[ ]bZcfa Uh]cbhc Ub ]bgi fYf Zcfh\Y di fdcgY cZXYZfUi X]b[ h\Y ]bgi fYf cf Ubmch\Yf dYfgcb. PYbU`h]Yg ]bWi XY ]a df]gcba YbhUbX/cffbYg. bUXX]h]cb, Ub ]bgi fYf a UmXYbm]bgi fUbW/ VYbYfhg, ]ZZU`gY ]bZcfa Uh]cb a UhYf]U``mfY`UhYX hc U WU]a k Ug dfcj ]XYX Vmh\Y Udd`]Wbh

**Florida:** AbmdYfgcb k \c\_bck]b[`mUbX k]h\]bhYbhhc]bh fY, XYZfUi X cf XYWY]j Y Ubm]bgi fYf, f`Yg U ghUhYa YbhcZWU]a cf Ub Udd`]WUh]cb WebhU]b]b[ UbmZU`gY, ]bWea d`YhY, cf a ]g`YUX]b[ ]bZcfa Uh]cb]g[i]`hmcZU ZY`cbmcZh\Y h\]fX XY[fYY.

**Kentucky:** AbmdYfgcbk\c\_bck]b[`m,UbXk]h\]bhYbhhcXYZfUiXUbm]bgifUbWYWcadUbmcf ch\YfdYfgcbf`YgUghUhYaYbhcZWU]aWcbHU]b]b[UbmaUhYf]U`mZU`gY]bZcfaUh]cbcfWcbWYU`g, Zcfh\YdifdcgYcZa]g`YUX]b[,]bZcfaUh]cbWcbWfb]b[UbmZJWhaUhYf]U`h\YfYhcWcaa]hgU ZfUiXi`Ybh]bgifUbWYUWhk\]W(]gUWf]aY. **Maryland:** AbmdYfgcbk\c\_bck]b[`mcfk]`ZI``mdfYgYbhgUZU`gYcfZfUiXi`YbhWU]aZcf dUmaYbhcZU`cggcfVYbYfh**or**k\c\_bck]b[`m**or**k]``ZI``mdfYgYbhgZU`gY]bZcfaUh]cb]bUb Udd`]WUh]cbZcf]bgifUbWY]g[i]`hmcZUW9]aYUbXaUmVYgiVYWhcfbYgUbXW2bfbYaYbh]b df]gcb.

**New Jersey:** AbmdYfgcbk\c\_bck]b[`mf`YgUgHUhYaYbhcZWU]aWtbhU]b]b[UbmZU`gYcfa]g`YUX]b[]bZcfaUh]cb]ggiVYVMhcW17]a]bU`UbXW]j]`dYbU`h]Yg.

New Mexico: ANMPEFGON K HO KNOK NGLMPFEGENHGA FALGE OF FFAI DI LENH CLA M FOF PAMMENH OF A LOGG OF BENEFH OF KNOK NGLMPFEGENHG FALGE NFOFMAH ON N AN APPL CAH ON FOF NGI FANCE G GI LHMOF A CF ME AND MAMBE GI BJECHHO C J L F NEG AND CF M NAL PENALH EG.

**New York:** AbmdYfgcb k \c\_bck ]b[`mUbX k ]h\ ]bhYbhhc XYZfUi X Ubm]bgi fUbWY Wa dUbmcf ch\Yf dYfgcb f`Yg Ub Udd`]WUh]cb Zcf ]bgi fUbWY cf ghUhYa YbhcZWU]a WabhU]b]b[ Ubma UhYf]U`m ZU`gY ]bZcfa Uh]cb cf WabWYU`g Zcf h\Y di fdcgY cZa ]g`YUX]b[, ]bZcfa Uh]cb WabWYfb]b[ UbmZUWA a UhYf]U`h\YfYhc Waa a ]hg U ZfUi Xi `Ybh]bgi fUbWY UWA k \]W\ ]g U W7]a Y, UbX g\U``U`gc VY gi V YWA hc U WJJ ]` dYbU`hmbchhc YI WYYX fj Y h\ci gUbX Xc``Ufg UbX h\Y ghUhYX j U`i Y cZh\Y WU]a Zcf YUW\ gi W\ j ]c`Uh]cb.

Pennsylvania: AbmdYfgcbk\c\_bck]b[`mUbXk]h\]bhYbhhcXYZfUiXUbm]bgifUbWYWcadUbmcf ch\YfdYfgcbf`YgUbUdd`]WUhjcbZcf]bgifUbWYcfghUhYaYbhcZWU]aWcbhU]b]b[UbmaUhYf]U`m ZU`gY]bZcfaUhjcbcfWcbWYU`gZcfh\YdifdcgYcZa]g`YUX]b[,]bZcfaUhjcbWcbWfb]b[UbmZUMi aUhYf]U`h\YfYhcWcaa]hgUZfUiXi`Ybh]bgifUbWYUMjk\]WX]gUWf]aYUbXgiV^YMggiWXdYfgcb hcWf]a]bU`UbXWJj`dYbU`hjYg.

**Washington:** h]gUWf]aYhc\_bck]b[`mdfcj]XYZU`gY,]bWtad`YhYcfa]g`YUX]b[]bZcfaUh]cb hcUb]bgifUbWfWtadUbmZcfh\YdifdcgYcZXYZfUiX]b[h\YWtadUbm:PYbU`h]YgaUm]bWiXY ]adf]gcbaYbhfbYgUbXXYb]U`cZ]bgifUbWfVYbYfhg.



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Alttb: K cf\_ZcfW BYbYfhg - C`U]a g PO BcI 2387 p Oa U\UN



AHb: K cf\_ZcfW BYbYf hg - C`U]a g PO Bcl 2387 p Oa U\U NE 68103-2387 P\cbY (855) 810-3301 p FUI (949) 219-8872 WU]a g.k cf\_ZcfWVYbYf hg@dUWf W]2Y.Wta

### Group Critical Illness - Attending Physician Statement

	<b>Major Organ Failure</b> – bWiXYUWcdmcZgif[]WU`fYWcaaYbXUh]cbZcfhfUbgd`UbhcfINOGd`UWraYbh							
	<b>o i i i i i i i i i i</b>	UjYmci fYWzaaYbXYXh∖YdUh]YbhZcfUbcf[UbHfUbgd`Ubh? MYg Nc						
;	Zcf[UbHfUbgd`UbhbchfYWzaaYbXYX, dfcj]XY XYHJ]`g:							
	Stroke – bWiXYUWcdmcZaYX]Wu`]aU[]b[UbXUggYggaYbhgZcfbYifc`c[]Wu`XYfWjhg.							
	D]Xh\YdUh]Ybh\UjYUghfc_Yh\UhfYgi`hYX]bdYfaUbYbhbYifc`c[]WU`]adU]faYbhUbXfYgi`h]b[]bdUfU`moj]gcfch\Yf							

g Nc