

FINANCIAL PROTECTION CLAIM FORMS

Note: The following information is not applicable to the following states:

- **New York.** If you are a resident of the State of New York and wish to submit a claim, please contact your employer. For general questions about the claim process, you may also contact Unimerica Life Insurance Company of New York at 1-888-299-2070.
- **California.** If you are a resident of the State of California and wish to submit a claim, please contact your employer.

- **How to file a claim**

- Life Insurance
- Short-Term Disability
- Long-Term Disability

- **For all states excluding New York and California:**

- Life Claim Form Packet
 - Claim Form Packet (standard)
 - Note: If you are a resident of KS, AR, CO, MD, NC, ND or NV, please use the following specialized claim form:
 - Life Claim Form Packet (state-specific version)
- Short-Term Disability Claim Form Packet
- Long-Term Disability Claim Form Packet
- Critical Illness Protection Plan Claim Form Packet
 - Standard
 - Enhanced
 - The Enhanced claim form should be used in place of the Standard claim form packet when your plan includes Child Critical Illness, Additional Critical Illness, or Partial Benefit Critical Illness benefit options.
 - If you aren't sure if your plan includes these benefits, please refer to your Certificate of Coverage or contact your employer.
- Accident Protection Plan Claim Form Packet
- Hospital Indemnity Protection Plan Claim Form Packet
- Standalone Authorization Form