

ATTENDING PHYSICIAN'S STATEMENT OF CRITICAL ILLNESS / SPECIFIED DISEASE

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Members of the *Voya*® family of companies
(the "Company")



Voya Claims: PO Box 320, Minneapolis, MN 55440
Voya Claims Overnight Mailing Address: 20 Washington Ave. South, Minneapolis MN 55401
Phone: 888-238-4840; Submit at voya.com (select *Contact & Services > Claims Center > Upload a Claim*)

The patient is responsible for the completion of this form without expense to the insurance company.

CLAIM CHECKLIST

- SIGN and DATE this completed form, then submit using one of the above methods.
- The Employee / Insured / Member must complete Sections 1 and 2.
- Attach copies of all test results and operative reports.
- The Attending Physician must complete Sections 3 - 5.

SECTION 1. GROUP INFORMATION *(This information can be obtained from the Employer / Administrator.)*

Group / Association Name _____ Group / Association Policy Number _____
Claim Number *(if available)* _____ Member ID Number *(for Association only)* _____

SECTION 2. EMPLOYEE / INSURED / MEMBER INFORMATION

Patient Name *(First)* _____ *(Middle Initial)* _____ *(Last)* _____
Patient Birth Date _____ Patient Phone (_____) _____
Employee / Member Name; **if NOT Patient** *(First)* _____ *(Middle Initial)* _____ *(Last)* _____
Address _____ City _____ State _____ ZIP _____

SECTION 3. HISTORY

When did the current symptoms first appear? _____ Confirmed Diagnosis Date _____

Has the patient ever had the same or a similar condition? *(If "yes," provide date and description.)* Yes No

SECTION 4. CRITICAL ILLNESS / SPECIFIED DISEASE *(Only the conditions listed below may be covered. Any other condition not listed below is not an eligible condition.)*

Aneurysms:

- Abdominal Aortic Aneurysm**
Has the patient been diagnosed with an enlargement of the abdominal aorta of 5 cm or more, or of 4 cm or greater and rapidly expanding in which surgical repair has been advised? *(Attach test results.)* Yes No
- Ruptured or Dissecting Aneurysm *(Aneurysms of the arm or leg are not considered a Ruptured or Dissecting Aneurysm.)***
Has the patient been diagnosed with a balloon-like bulge in an artery that ruptures or dissects as confirmed by an ultrasound, CT scan, angiogram or MRI? *(Attach test results.)* Yes No
- Thoracic Aortic Aneurysm**
Has the patient been diagnosed with an enlargement of the thoracic aorta of 5.5 cm or more, or causing symptoms, or of 4.5 cm or greater and rapidly expanding in which surgical repair has been advised? *(Attach test results.)* Yes No

Group / Association Policy Number _____

Patient Name (First) _____ (Middle Initial) _____ (Last) _____

SECTION 4. CRITICAL ILLNESS / SPECIFIED DISEASE (Continued)

Cancers:

- Benign Brain Tumor**
Has a biopsy been performed to confirm diagnosis? Yes No
Type of Tumor (Attach test results.) _____
- Bone Marrow Transplant**
Has the patient undergone a bone marrow transplant? Yes No
If the transplant has not been performed, is the patient on the Be the Match registry? Yes No
- Cancer/Carcinoma in Situ**
Cancer/Carcinoma in Situ was diagnosed using: Pathological Diagnosis (Attach copy of report) Clinical Diagnosis (Provide reason for not obtaining pathological diagnosis and attach medical evidence that supports the diagnosis of cancer.)
Stage of Cancer _____
- Skin Cancer**
Indicate Skin Cancer Type (Attach pathology report.): Basal Cell Carcinoma Squamous Cell Carcinoma Melanoma
- Stem Cell Transplant**
Has or will the patient undergo a surgical stem cell transplant? (Attach test results.) Yes No

Endocrine Conditions:

- Addison's Disease**
Diagnosis confirmed by (Attach test results.): Blood test Urine test Medical imaging
- Type 1 Diabetes**
Was diagnosis based on blood tests? (Attach test results) Yes No
How long has patient been insulin dependent? _____
What is the start date of treatment? _____

Heart/Cardiac Conditions:

- Coronary Angioplasty**
Did or will the patient undergo a Coronary balloon angioplasty Angiojet clot removal
 Rotational and orbital atherectomy procedure (Attach operative report.)
- Coronary Artery Bypass**
Did or will the patient undergo open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts? (Attach operative report.) Yes No
- Heart Attack (A sudden cardiac arrest is not in itself considered a Heart Attack.)**
Does the patient's condition meet all of the following criteria:
 - 1. Are new and serial electrocardiographic (EKG) findings consistent with myocardial infraction? Yes No
 - 2. Were cardiac enzymes elevated above generally accepted laboratory levels of normal for creatine phosphokinase (CPK) or elevated troponins? (If "yes," attach confirmatory lab reports.) Yes No
 - 3. Did diagnostic studies confirm a myocardial infraction and the occlusion of one or more coronary arteries? (Attach copies of any applicable reports.) Yes No
- Implantable (or Internal) Cardioverter Defibrillator (ICD) Placement**
Has the patient undergone or been advised to undergo an initial placement of an implantable cardioverter-defibrillator (ICD)? (Attach operative results.) Yes No
- Open Heart Surgery for Valve Replacement or Repair**
Has the patient undergone or been advised to undergo open heart surgery to repair one or more valves due to severe valvular heart disease? (Attach operative report.) Yes No
- Pacemaker Placement**
Has the patient undergone or been advised to undergo an initial placement of a permanent pacemaker? (Attach operative report.) Yes No

SECTION 4. CRITICAL ILLNESS / SPECIFIED DISEASE (Continued)

Transcatheter Heart Valve Replacement or Repair
Has the patient undergone or been advised to undergo a procedure performed through the blood vessels to replace or repair one or more heart valves? (Attach operative report.) Yes No

Neurological Conditions:

Advanced Dementia, including Alzheimer's Disease
The patient is UNABLE to perform 2 or more Activities of Daily Living (see definitions below.) Yes No

- ACTIVITIES OF DAILY LIVING: The basic human functional abilities required for the Insured to remain independent:
- Bathing: Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
 - Contenance: The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including catheter or colostomy bag).
 - Dressing: Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
 - Eating: Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
 - Toileting: Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
 - Transferring: Moving into or out of bed, chair, or wheelchair.

Was the diagnosis clinically established by testing? Yes No
If "yes," select testing method (Attach test results.): MRI CT

Amyotrophic Lateral Sclerosis (ALS)
Diagnosis established by (Attach test results.): MRI Nerve Biopsy EMG Neurological Exam

Coma
Has patient experienced a continuous state of unconsciousness for 14 or more consecutive days? Yes No
Did patient require intubation? Yes No
Was there an absence of eye opening, verbal response and motor response? Yes No

Huntington's Disease (Huntington's Chorea)
Does the patient display symptoms of Huntington's Disease? (Attach lab testing.) Yes No

Multiple Sclerosis
Are symptoms persistent for 6 or more months? (Attach MRI and spinal fluid analysis.) Yes No

Muscular Dystrophy
Diagnosis established by (Attach test results.): Muscle biopsy Increased creatine Phosphokinase (CpK3) Electromyography

Myasthenia Gravis
Diagnosis established by (Attach test results.): Neurological exam Edrophonium test EMG
 CT Scan MRI Blood analysis Repetitive nerve stimulation

Parkinson's Disease
Does the patient present any symptom or combination of 4 cardinal symptoms? (Check all that apply.)
 Rest Tremor Rigidity Bradykinesia Gait Disturbance

Permanent Paralysis
Did the patient have total and permanent loss of use of 2 or more limbs due to accident or sickness for a continuous period of at least 60 days which was not caused by stroke? Yes No
Cause of Paralysis _____

Stroke
Did the patient have a stroke, meaning apoplexy, secondary to rupture or acute occlusion of a cerebral artery? Stroke does not include transient ischemic attacks, ischemic disorders or the vestibular system, brain injury related to trauma or infection, or brain injury associated with hypoxia/anoxia or hypotension. (Attach confirmation test results.) Yes No

Transient Ischemic Attacks (TIA)
Was the transient episode of neurologic dysfunction caused by focal brain, spinal cord or retinal ischemia, without acute infarction? (Attach copies of any applicable reports.) Yes No

Group / Association Policy Number _____

Patient Name (First) _____ (Middle Initial) _____ (Last) _____

SECTION 4. CRITICAL ILLNESS / SPECIFIED DISEASE (Continued)

Rheumatologic Conditions:

Systemic Lupus Erythematosus (SLE)

Diagnosis established by (Attach test results.): Blood analysis Diagnostic criteria (Provide reason for not obtaining laboratory tests and attach medical evidence that supports the diagnosis of SLE.)

Systemic Sclerosis (Scleroderma)

Was the patient diagnosed with an autoimmune disease that involves the hardening and tightening of the skin and connective tissues? (Attach test results.) Yes No

Other Conditions:

End Stage Renal (Kidney) Failure (See Major Organ Transplant or Major Organ Failure below)

Infectious Disease

Was patient confined to a Hospital Transitional Care Facility

If "yes," how many consecutive days in the hospital or transitional care facility? _____

Define the type of infectious disease (Attach lab test results.) _____

Loss of Hearing/Deafness

Is hearing loss profound, permanent and not correctable in both ears? (Attach test results.) Yes No

Loss of Sight/Blindness

What are the most recent visual acuity measurements?

With glasses (in Snellen Notation) O.D. _____ O.S. _____ Date _____

Without glasses (in Snellen Notation) O.D. _____ O.S. _____ Date _____

On what date was corrected vision irrecoverably reduced to 20/200 or less in the better eye? _____ O.D. O.S.

Loss of Speech

Was patient diagnosed with total and permanent loss of the ability to speak? (Attach copy of report.) Yes No

Major Organ Transplant or Major Organ Failure

Did the patient undergo surgery to receive a human heart, liver, both lungs, both kidneys or pancreas?

(Attach a copy of the operative report.) Yes No

If operation has not been performed, is patient on UNOS (United Network for Organ Sharing) list for transplant? Yes No

What condition caused the need for the major organ transplant? _____

If end stage renal (kidney) failure, does the patient's kidney failure necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly) or which results in kidney transplantation? Yes No

On what date did dialysis treatments begin? _____

Occupational Hepatitis B or C

Did the patient contract Hepatitis B or C at work and while performing normal occupational duties, from one of the following? (Attach lab results.)

Accidental Needle Stick Other Accidental Sharp Injury Accidental Mucous Membrane Exposure to Blood or Bloodstained Bodily Fluid

Occupational HIV

Did the patient contract HIV at work and while performing normal occupational duties, from one of the following? (Attach lab results.)

Accidental Needle Stick Other Accidental Sharp Injury Accidental Mucous Membrane Exposure to Blood or Bloodstained Bodily Fluid

Severe Burns

Is the burn over more than 35 mm? Yes No

Is the burn full thickness or 3rd degree? (Attach copies of any applicable reports.) Yes No

FRAUD WARNINGS

Alabama, Alaska, Arkansas, Delaware, Idaho, Indiana, Louisiana, Maine, Minnesota, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Washington, West Virginia: Any person who, knowingly with intent to defraud any insurance company or other person files a 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 may subject such person to criminal and civil penalties, and denial of insurance benefits.

Arizona: For your protection Arizona Law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information 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.

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.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.