ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

Benefit Overview:
Members receive up to $10,000 of Group Accidental Death and Dismemberment benefits. Losses due to sickness, disease, and natural causes are not covered.

Required Documentation:

1. A fully completed CLAIM FORM (see page 2) that is signed by the next of kin for death claims or signed by the member for dismemberment claims.
    a. Complete the Store and Member Information boxes on the form.
    b. Complete the section under Accidental Death and Dismemberment.
    c. The next of kin or store can sign the completed form in the event of death. The member or store can sign the completed claim form in the event of dismemberment.
2. A copy of the incident report detailing the accident, if applicable.

For a Death Claim:

- A copy of the death certificate.
- An autopsy report, coroner's report, and/or toxicology report may be required depending on the cause of death.
- A copy of the member's signed Beneficiary Designation Form if beneficiary was designated.

For a Dismemberment Claim:

- An attending physician's statement detailing the incident and describing the loss.
- Incident report describing the accident.

Submitting the Claim:
Claims can be submitted to BMS by sending all the documentation via one of these options:

- Fax: (405) 579-0534
- Mail: Benefit Marketing Solutions
  Attn: Claims Department
  MSC# 17853, PO Box 803507
  Dallas, TX 75380
- Email: customerservice@benefitmarketingsolutions.com

Note: Claims and all required documentation must be submitted within 90 days of the loss or incident. Submit what information is available immediately to avoid exceeding the 90 day filing policy. After 12 months of pending status, a claim or waiver will be closed and cannot be paid.

CLAIM FORM

Use this form for all claim and waiver requests. Complete the Store and Member Information on all claim and waiver requests. Then complete the appropriate box for type of claim or waiver being filed. **ALL CLAIMS AND WAIVERS MUST BE ACCOMPANIED WITH: SEND THIS FORM WITH SUPPORT INFORMATION TO: CUSTOMERSERVICE@BENEFITMARKETINGSOLUTIONS.COM, FAX (405) 579-0534 OR MAIL TO CLAIMS DEPARTMENT, MSC# 17853, PO BOX 803507, DALLAS, TX 75380. FOR QUESTIONS CALL TOLL-FREE 1-888-322-6705. REQUIRED DOCUMENTATION TO INITIATE A CLAIM OR WAIVER MUST BE SUBMITTED WITHIN 90 DAYS OF THE DATE OF LOSS OR INCIDENT. AFTER 12 MONTHS OF PENDING STATUS, A CLAIM OR WAIVER WILL BE CLOSED AND CANNOT BE PAID.**

STORE INFORMATION		MEMBER INFORMATION
COMPANY NAME		NAME
STORE NUMBER		STREET ADDRESS
STREET ADDRESS		CITY / STATE / ZIP
CITY / STATE / ZIP		DAYTIME PHONE
STORE MANAGER		DATE OF MEMBERSHIP
STORE PHONE	TODAY'S DATE	DATE OF LOSS

ACCIDENTAL DEATH AND DISMEMBERMENT CLAIM

(Accidental Death claims: Must provide copy of Death Certificate and incident report)
(Accidental Dismemberment claims: Must provide physician statement describing the loss and incident report)

_____ Date of Death or Loss

_____ Location

_____ Cause of Death or Loss

_____ Designated Beneficiary
(Accidental Death claims: Must provide the Discount Membership Form)

_____ Beneficiary's Current Address, City, State, Zip

Briefly describe circumstances of accident: _____

WARNING AND SIGNATURE

WARNING: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND SUBSTANTIAL CIVIL PENALTIES.

Signature _____ Date _____