

**Underwritten by: MetLife Insurance Company**  
**Administered by: Bay Bridge Administrators,**  
**LLC**  
**PO Box 161690**  
**Austin TX 78716**  
**800-845-7519**

**Claim For Wellness Benefit**

<b>INSURED'S STATEMENT OF CLAIM</b>		<b>TO BE COMPLETED BY POLICYHOLDER</b>																							
Name of Insured		City	State																						
Street Address		Insured's Date of Birth																							
Phone Number (Area Code First)	Relationship to Insured	Claimant's Date of Birth																							
Name of Claimant																									
Date of Service:																									
Name of Provider:																									
Phone Number of Provider:																									
Certificate Type: <input type="checkbox"/> <b>Accidental Death &amp; Dismemberment</b>		Policy/Certificate Number or SSN																							
<p>Services for which the Wellness Benefit is payable include, but are not limited to:</p> <table border="0"> <tr> <td><input type="checkbox"/> COVID-19 Screening</td> <td><input type="checkbox"/> Flexible Sigmoidoscopies (Colonoscopies)</td> </tr> <tr> <td><input type="checkbox"/> Annual Physical Examination</td> <td><input type="checkbox"/> Prostate Specific Antigen Tests</td> </tr> <tr> <td><input type="checkbox"/> Dental Exams</td> <td><input type="checkbox"/> Ultrasounds</td> </tr> <tr> <td><input type="checkbox"/> Pap Smears</td> <td><input type="checkbox"/> Blood Screenings</td> </tr> <tr> <td><input type="checkbox"/> Eye Examinations</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Immunizations</td> <td></td> </tr> </table>				<input type="checkbox"/> COVID-19 Screening	<input type="checkbox"/> Flexible Sigmoidoscopies (Colonoscopies)	<input type="checkbox"/> Annual Physical Examination	<input type="checkbox"/> Prostate Specific Antigen Tests	<input type="checkbox"/> Dental Exams	<input type="checkbox"/> Ultrasounds	<input type="checkbox"/> Pap Smears	<input type="checkbox"/> Blood Screenings	<input type="checkbox"/> Eye Examinations		<input type="checkbox"/> Immunizations											
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Certificate Type: <input type="checkbox"/> <b>Critical Illness</b>	Policy/Certificate Number or SSN
Services for which the Wellness Benefit is payable include, but are not limited to:	
<input type="checkbox"/> Biopsy for Skin Cancer including invasive Melanoma <input type="checkbox"/> Blood Test for Triglycerides <input type="checkbox"/> Bone Marrow Testing <input type="checkbox"/> CA 15-3 (blood test for breast cancer) <input type="checkbox"/> CA-125 (blood test for ovarian cancer) <input type="checkbox"/> CEA (blood test for colon cancer) <input type="checkbox"/> Chest X-Ray <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Electrocardiogram (EKG, including stress EKG) <input type="checkbox"/> Fasting Blood Glucose Test	<input type="checkbox"/> Hemocult Stool Analysis <input type="checkbox"/> Lipid Panel / Cholesterol Test (LDL/HDL) <input type="checkbox"/> Mammography (including breast ultrasound) <input type="checkbox"/> Oral Cancer Screening (VizLite, OraTest, other Current Dental Terminology Serum) <input type="checkbox"/> Pap Smear <input type="checkbox"/> Prostate Screening (PSA) <input type="checkbox"/> Serum Protein Electrophoresis (test for myeloma) <input type="checkbox"/> Stress Test (Bike or Treadmill) <input type="checkbox"/> COVID-19 Screening
<p><b>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 fines and confinement in prison.</b></p> <p><b>The above Statements are true to the best of my knowledge and belief.</b></p>	
Signature of Insured	Date

**Wellness Claims may be phoned in, emailed, faxed or mailed:**

**Telephonic submission:** 1-800-845-7519

- Please have the following information when calling: Doctor/Healthcare provider name and phone number, date and type of screening performed

**Claim Form submission**

- **Email:** [claims@bbadmin.com](mailto:claims@bbadmin.com)
- **Fax:** (512) 275-9350
- **Mail:** Bay Bridge Administrators, L.L.C.  
PO Box 161690  
Austin TX 78716

(Over)

## State Specific Fraud Warning Statements

### Arkansas

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 fines and confinement in prison.

### 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 and subjects such person to criminal and civil penalties.

### Louisiana

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 fines and confinement in prison.

### Maryland

Any person who knowingly and willfully 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 fines and confinement in prison.

### New Jersey

Any person who includes any false or misleading information on an application for an insurance policy 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.

**North Carolina**

Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.

**Ohio**

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.

**Oklahoma**

**WARNING:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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.

**Rhode Island**

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 fines and confinement in prison.

**Tennessee, Virginia and Washington**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.