



## NOTICE TO INSURED

Fax: 931-459-3113

**THIS FORM IS TO ASSIST YOU IN FILING FOR DISABILITY BENEFITS  
-PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY-**

Toll-Free: 1-800-752-8328

P.O. Box 7001

Crossville, TN 38557-7001

1. Your physician completes the "Certificate of Attending Physician". Ask your physician to answer every question. Unanswered questions cause delays in the processing of your claim.
2. You (the insured) must fully complete the "Statement of Insured" on the back of the claim form. All questions must be answered. Insurance regulations require that you sign and date the fraud statement on the insured's portion and complete and sign the HIPPA authorization.
3. Have the Personnel Department where you work complete the "Employer's Statement" on the back of the form. Do not complete that section yourself. Regardless of how long it has been since you last worked, this section of the form must be completed and signed by your current or last employer. Your claim cannot be processed without this information. If you are self-employed, please complete the employer statement as it relates to your business. We may require a self-employed questionnaire in some instances.
4. The Financial or Agent portion of the claim form should be completed by your bank, finance company, or dealership.
5. Before submitting the form to your Agent, Creditor, or to Plateau Insurance, you (the Insured) should review the completed claim form to make sure the information is complete and accurate. Please retain a copy of your claim form for your files.

**NOTE: Pictures taken by a mobile device will not be accepted as disability information and will not be used for the processing of disability benefits.**

**IMPORTANT: Plateau Insurance provides benefits for the period covered by the information on the claim form. The benefits are forwarded to your creditor to be applied to your loan. TO PREVENT ANY MISUNDERSTANDINGS RELATING TO YOUR INSURANCE, PLEASE REMEMBER THAT YOU, NOT THE INSURANCE COMPANY, IS RESPONSIBLE FOR MAKING PAYMENTS THAT ARE DUE DURING THE TIME THAT IS REQUIRED TO PROCESS YOUR CLAIM. If the Insured will be continuously disabled for an extended period of time, claims must be submitted on a regular basis so that payment of benefits can continue on a regular basis also.**

### IMPORTANT INFORMATION

Please remember that some claims require special investigation as there is a pre-existing condition or contestability exclusion in the certificate and we cannot always pay benefits immediately upon receipt of the claim if investigation is needed. In these situations, medical records are requested and reviewed. You will be advised when this investigation is required.

You must be unable to work for the period shown on your certificate before any benefits can be paid. Benefits are based on the wording of your certificate of insurance in one of two ways. 1) If benefits are calculated by the day: To arrive at the amount payable, divide 30 into your monthly payment, and the answer equals the amount payable for each day you are off work certified by your physician. You are paid for exact number of days for which you are eligible, and this may not always be a full monthly payment. 2) If benefits are payable in 30-day increments, a full 30-day benefit will be paid. If you are released to return to work less than 30 days after the last paid thru date, it is possible no further benefits will be paid. You are responsible for any balance we cannot pay. If you return to work, notify us immediately.

**THIS CERTIFICATE DOES NOT COVER LATE CHARGES!** It is extremely important that you submit your claims in a timely manner. Your claim will be handled promptly if you will carefully follow the instructions on this sheet.

We recommend that you provide proof of disability every 30 days while your physician keeps you off work. We will send you a continuing claim form and self-addressed envelope each time a continuing payment is made on your claim. Please fully complete your information and have your treating physician fully complete their portion. Please have the form completed near the date that is provided on the claim form.

If you have any questions regarding these claims procedures, please call Plateau Insurance Company.

**P.O. Box 7001 - CROSSVILLE, TENNESSEE 38557-1-800-PLATEAU OR 1-931-484-8411**  
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