Más que un seguro
TOLIC
Trans- Oceanic Life Insurance Company

121 Calle O'Neill, Hato Rey PR 00918
PO Box 363467, San Juan, PR 00936-3467
TEL. (787) 620-2700 / 1-800-981-8662
Fax. (787) 620-2713
E-mail: servicioalcliente@tolic.com

No. Claim:_____

CLAIM FORM - GOOD HEALTH BENEFIT

Policy Payer: _____ S.S. No._____

Claimant Data (referring to the person concerned):

Name _____S.S No._____DOB _____

If there was a change of postal address, please complete to update it.

Address:_____

E-mail_____Phone_____

1. **Please mark the test for which you claim the benefit:**
   ☐ Mammography ☐ Sonomamography ☐ Papanicolaou

   ☐ Colonoscopy ☐ PSA ☐ Spiral CT ☐ Other: _____

2. **Have you been treated or diagnosed with Cancer?** ☐ Yes ☐ No

   Diagnosis: _____ Date of diagnosis: _____

Information Requirement:
1. Copy of the result of the study carried out
2. The medical billing Form 1500

AUTHORIZATION AND CONFIRMATION

I hereby authorize any physician licensed to practice his or her profession, hospital, clinic or other medical facility, Insurance Company, the Medical Information Bureau, or other organization, institution or persons who have any record or knowledge of my health status and any member of my family, to transfer to TOLIC, such information. This authorization will be valid for a period of 12 months from the date of the claim. A photostatic copy of this Authorization and Confirmation will be as valid as the original.

IMPORTANT NOTICE

Anyone who knowingly and with the intent to defraud present false information in an insurance application or, who will file, assist, or make, a fraudulent claim for payment of a loss or benefit, or file more than one claim for the same damage or loss, will incur a felony and convicted whatsoever, be punished, for each fine violation not less than five thousand (5,000) dollars, nor greater than ten thousand (10,000) dollars or penalty of imprisonment for a fixed term of three (3) years , or both penalties. In view of aggravating circumstances, the fixed penalty established may be increased up to a maximum of five (5) years; mitigating circumstances, may be reduced to a minimum of two (2) years.

Accepted accordingly:

_____ Date

_____ Claimant Signature