

AHb: K cf_ZcfW BYbYf kg - C`UJa g
PO Bcl 2387 p Oa U\UNE 68103-2387
P\cbY (855) 810-3301 p FUl (949) 219-8872
WUJa gk cf_ZcfWYYbYf kg@dUMf WZY. Wta

Section 1: About the Prima	ry Insured								
F]fghNUa Y:		M]XX`Y b]hJU`:	LUghNUa Y:					Gi I:	
AXXfYgg:			C]hm			C	GHUHY:	N]d CcXY:	
DUHY cZB]fh\ (a a /XX/mmm):	Gc VIJU` GY VIV f]h	GcWJU GYW/f]lmNi a VYf:		Pc`]WhNiaVYf: PfYZY		PfYZYffY	PfYZYffYX P\cbY Ni a VYf:		
Ea U]` AXXfYgg:			K \Yb k Ug m	cif`Ugh∑	XUmUVMjj Y`r	⊥ mUhkcf_?	(a a /X)	(/nmmm):	
Section 2: About the Patien	t								
F]fghNUa Y:		M]XX`Y b]hjU`:	LUghNUa Y:	(PD KIE)	1995B			Gi I:	
DUHY cZB]fh\ (a a /XX/nmmm):	GcVNU`GYVVf]h	mNi a VYf:	FY`Uh]cbg\]d				DFH≱II	T(SE) ŠAf)Š H (jš H	l filip à
			Spouse	Crilia	CONTROL PA	id did boy in the	Lila(O		ių ta
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P\cbY (855) 810-3301 p FUI (949) 219-8872
WU]a gk cf_ZcfWVYbYf hg@dUWf WZY.Wta

Group Critical Illness - Insured/Patient Statement

Section 4: Information About Cca d`YhY h\]g gYVMcb hc dfcj]X Attach a blank sheet with any ad	(YXYHJ)`gfY`UhYX hch\YhfYUhaYk	ohfYW]j YX.			
P\ng]VJUb NUa Y:		GdYVJU hm			
AXXfYgg:		C]hm	GHJhY:	N]d CcXY:	
P\cbY Ni a VYf:	FUI Ni a VYf:	DUhY cZF]fghJ]g]h(a a /XX/mmm):	DUhY cZLUghJ]g]h(a a /XX/mmmm):		
HmdY cZJ]g]h(gY`YVMcb`mcbY)					
Chiropractor Ea Yf[YbWn Oh\Yf:	nFcca Pf]a UfmCUfY P\ng]V¶U	Jb GdYV¶U`]ghP∖mg]V¶Ub Tel	lemedicine	Urgent Care	
HmodYcZCUfYFYWY]jYX(gY`YWhU	``h\UhUdd`m)				
B`ccXk cf_ CT scan M	MRI PET Scan Gif[Yfm	L-FUng Oh\Yf:			
P\ng]VJUb NUa Y:		GdYVJU hm			
AXXfYgg:		C]hm	GHUHY:	N]d CcXY:	
P\cbY Ni a VYf:	FUI Ni a VYf:	DUhY cZF]fghJ]g]h(a a /XX/nmmm):	DUHY cZLU	lghJ]g]h(a a /XX/nmmm):	
HmodY cZj]g]h (GY`YVMcb`mcbY)					
Chiropractor Ea Yf[YbWf Oh\Yf:	nFcca Pf]a UfmCUfY P\ng]\y\	Jb GdYVJJU`]ghP\mg]VJJUb Tel	lemedicine	Urgent Care	
HmdYcZVWfYfYfYVY]jYX(GY`YVMU`	`h\UhUdd`m)				
B`ccXk cf_ CT scan N	MRI PET Scan Gif[Yfm	L-FUng Oh\Yf:			
Section 5: Hospital/Facility In	formation				
Hcgd]hU^FUWJ]hm		HfYUhjb[P\ngj]VJUb:			
AXXfYgg:		C]lm	GHUHY:	N]d CcXY:	
P\cbY Ni a VYf:	FUI Ni a VYf:	Date Admitted (a a /XX/nmmm):	Date Disch	narged (a a /XX/nmmm):	

- H\Y Ubgk Yfg dfcj]XYX]b h\]g ghUhYa YbhUfY hfi Y UbX Wa d'YhY hc h\Y VYghcZa m_bck 'YX[Y.
- \Uj Y fYUX UbX i bXYfgHUbX h\Y]bZcfa Uh]cb]b h\Y C`U]a FfUi X GHUhYa Ybhg gYVMjcb.
- i bXYfghUbX h\ Uh a UmWcbgi `hk]h\ Ub]bXYdYbXYbhfbUbV]JU`, HUI, cf `Y[U` UXj]gcf, Ug bYYXYX. PUW]f WL]ZY & Abbi]hm Cca dUbmk]`` bchdfcj]XY a Y k]h\ UbmfbUbV]JU`, HUI, cf `Y[U` UXj]Wf cf fYWca a YbXUh]cbg.

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WU]a gk cf_ZcfWVYbYf hg@dUWf WZY.Wta

Claim Fraud Statements

Please read the warning for your state.

General Fraud Warning: AbmdYfgcb k \c _bck]b[`mdfYgYbhg U ZU`gY ghUhYa Ybh]b U WU]a Zcf]bgi fUbW a UmVY [i]`hmcZU Wf]a]bU`c YbgY UbX gi V YVMhc dYbU`h]Yg i bXYf ghUhY`Uk. (Nch Udd`]WUV`Y]b J]f[]b]U)

H\Y`UkgcZYUW\ghUhY`]ghYXVY`ck fYei]fYighcZlfb]g\mcik]h\h\Ybch]WY]bX]WUhYXVY`ck.

Arizona: Fcf nci f dfchYWnJcb Af]ncbU`Uk fYei]fYgh\Y Zc``ck]b[ghUhYa Ybhhc UddYUfcbh\]g Zcfa. AbmdYfgcbk\c_bck]b[`mdfYgYbhgUZU`gYcfZfUiXi`YbhWU]a ZcfdUma YbhcZU`cgg]g gi VYVMhc WnJa]bU`UbX WnJ]`dYbU`h]Yg.

California: Fcf mci f dfchYVMjcb, CU']Zcfb]U `Uk fYei]fYgh\Y Zc``ck]b[X]gWcgi fY: AbmdYfgcbk\c_bck]b[`mdfYgYbhg ZU`gY cf ZfUi Xi `Ybh]bZcfa Uhjcb hc cVhU]b cf Ua YbX]bgi fUbWY Wtj YfU[Y cf hc a U_Y U WU]a Zcfh\Y dUma YbhcZU`cgg]g[i]`hmcZU Wf]a Y UbX a UmVY gi V YVMhc f bYg UbX WtbfbYa Ybh]b ghUhY df]gcb.

District of Columbia: K AFN NG: h]g U Wf]a Y hc dfcj]XY ZU'gY cf a]g`YUX]b[]bZcfa Uh]cb hc Ub]bgi fYf Zcfh\Y di fdcgY cZXYZfUi X]b[h\Y]bgi fYf cf Ubmch\Yf dYfgcb. PYbU'h]Yg]bWi XY]a df]gcba YbhUbX/cffbYg. b UXX]h]cb, Ub]bgi fYf a UmXYbm]bgi fUbW VYbYfhg,]ZZU'gY]bZcfa Uh]cb a UhYf]U`mfY`UhYX hc U WU]a k Ug dfcj]XYX Vmh\Y Udd`]WUbh

Florida: AbmdYfgcb k \c _bck]b[`mUbX k]h\]bhYbhhc]b↑ fY, XYZfUi X cf XYW]j Y Ubm]bgi fYf, f`Yg U ghUhYa YbhcZWU]a cf Ub Udd`]WUh]cb WtbhU]b]b[UbmZU`gY,]bWta d`YhY, cf a]g`YUX]b[]bZcfa Uh]cb]g[i]hmcZU ZY`cbmcZh\Y h\]fX XY[fYY.

Kentucky: AbmdYfgcb k \c _bck]b[`m, UbX k]h\]bhYbhhc XYZfUi X Ubm]bgi fUbW Wta dUbmcf ch\Yf dYfgcb f`Yg U ghUhYa YbhcZVVU]a WtbhU]b]b[Ubma UhYf]U``mZU`gY]bZcfa Uh]cb cf WtbWYU`g, Zcf h\Y di fdcgY cZa]g`YUX]b[,]bZcfa Uh]cb WtbWfb]b[UbmZUWha UhYf]U` h\YfYhc Wta a]hg U ZfUi Xi `Ybh]bgi fUbW UWh k \]W]g U Wf]a Y.

 $\label{lem:maryland:abmdYfgcbk} $$ \operatorname{Lock} [b[\operatorname{imcfk}]^*Z \operatorname{imdfYgYbhgUZU}^*gY \operatorname{cf}Z^*Ui Xi \operatorname{imphWU}]_a \ Z_{\operatorname{cf}} dUna \ YbhcZU \operatorname{cgg} \operatorname{cf} VYbYfhor k c _bck]b[\operatorname{imor} k]^*Z \operatorname{imdfYgYbhg}ZU^*gY]bZ_{\operatorname{cf}} Uh]_{\operatorname{cb}}]b \ Ubd \ Udd \operatorname{imor} k]_{\operatorname{cf}} [bgi \ fUbW]g[i]^{hcZU}_{\operatorname{cf}} Y UbX a \ UmVY gi \ VYWhc f bYg UbX WbfbYa Ybh]_{\operatorname{cf}} df]_{\operatorname{cc}}.$

New Jersey: AbmdYfgcb k \c _bck]b[`mf`Yg U ghUhYa YbhcZVVU]a WtbhU]b]b[UbmZU`gY cf a]g`YUX]b[]bZcfa Uh]cb]g gi V^YVMhc Wf]a]bU` UbX VMJ]` dYbU`h]Yg.

New Mexico: ANMPEFGON K HO KNOK NGLMPFEGENHG A FALGE OF FFAI DI LENH CLA M FOF PAMMENHOF A LOGG OF BENEF HOF KNOK NGLMPFEGENHG FALGE NFOFMAHON N AN APPL CAHON FOF NGI FANCE G G I LHMOF A CF ME AND MAMBE GI BJECHHO C J L F NEG AND CF M NAL PENALHEG.

New York: AbmdYfgcb k \c _bck]b[`mUbX k]h\]bhYbhhc XYZfUi X Ubm]bgi fUbW Wta dUbmcf ch\Yf dYfgcb f`Yg Ub Udd`]WUh]cb Zcf]bgi fUbW cf ghUhYa YbhcZWU]a WtbhU]b]b[Ubma UhYf]U``m ZU`gY]bZcfa Uh]cb cf WtbWU`g Zcf h\Y di fdcgY cZa]g`YUX]b[,]bZcfa Uh]cb WtbWfb]b[UbmZUWh a UhYf]U` h\YfYhc Wta a]hg U ZfUi Xi `Ybh]bgi fUbW UWh k\]W\]g U Wf]a Y, UbX g\U`` U`gc VY gi V YWh hc U W]j]` dYbU`hmbchhc YI WYXX fj Y h\ci gUbX Xc``Ufg UbX h\Y ghUhYX j U`i Y cZh\Y WU]a Zcf YUW gi W\ j]c`Uh]cb.

Pennsylvania: AbmdYfgcb k \c _bck]b[`mUbX k]h\]bhYbhhc XYZfUi X Ubm]bgi fUbW Wta dUbmcf ch\Yf dYfgcb f `Yg Ub Udd`]WUh]cb Zcf]bgi fUbW cf ghUhYa YbhcZWU]a WtbhU]b]b[Ubma UhYf]U``m ZU`gY]bZcfa Uh]cb cf WtbW'U`g Zcf h\Y di fdcgY cZa]g`YUX]b[,]bZcfa Uh]cb WtbW'fb]b[UbmZUMh a UhYf]U` h\YfYhc Wta a]hg U ZfUi Xi `Ybh]bgi fUbW UMh k \]W\]g U Wf]a Y UbX gi V^YMg gi W\ dYfgcb hc Wf]a]bU` UbX V[j] `dYbU`h]Yg.

Washington: h]g U Wf]a Y hc _bck]b[`mdfcj]XY ZU`gY,]bWta d`YhY cf a]g`YUX]b[]bZcfa Uh]cb hc Ub]bgi fUbW Wta dUbmZcf h\Y di fdcgY cZXYZfUi X]b[h\Y Wta dUbm PYbU`h]Yg a Um]bWi XY]a df]gcba Ybh fbYg UbX XYb]U` cZ]bgi fUbW VYbYf hg.



Altb: K cf_ZcfW BYbYf lg - C`U]a g
PO Bcl 2387 p Oa U\UN



g Nc

Pacif c Life & Annuity Company

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WUJa gk cf_ZcfWYYbYf kg@dUMf WZY. Wta

Group Critical Illness - Attending Physician Statement

K UgmcifdUh]YbhX]U[bcgYXk]h\ZU]`ifYcf`cggcZcbYcfacfYcZh\YZc``ck]b[cf[Ubg?L]jYf Heart Lib[g	HUjYmci fYWcaa YbXYXh\YdUh]YbhZcfUbcf[UbhfUbgd`Ubha NYg Nc
Zcf[Ub hfUbgd`UbhbchfYWta a YbXYX, dfcj]XY XYhJ]`g:	
Stroke - bWi XY U WodmcZa YX]WU]a U[]b[UbX UggYgga Ybh	gZcfbYifc`c[]WU`XYfW]ng.
D]X h\Y dUh]Ybh\Uj Y U ghfc_Y h\UhfYgi `hYX]b dYfa UbYbh bYi	fc`c[]WU`]adU]faYbhUbXfYgi`h]b[]bdUfU`mg]gcfch\Yf

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