

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

ATTENDING PHYSICIAN'S SUPPLEMENTARY STATEMENT

To be furnished without expense to the Company

Patient's name	Patient's Date of Birth
(1) Nature of sickness or injury (Describe complications, if any)	
(2) Describe any other disease or infirmity affecting present condition.	
(3) Give date of treatments. (Since _____)	Office _____ Home _____ Hospital _____
(4) Is patient still under your care for this condition? If discharged, give date	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
(5) How long was or will patient be continuously totally disabled (unable to work)?	From _____ through _____
(6) (If accident), how long was or will patient be partially disabled?	From _____ through _____
(7) If sickness, was patient confined to the house? (if "Yes", give dates)	Yes <input type="checkbox"/> No <input type="checkbox"/> From _____ through _____

REMARKS

FAILURE TO PROVIDE ALL INFORMATION BELOW MAY DELAY CLAIM PAYMENT.

Date _____ Signed _____ Degree
Attending Physician M. D.
 Ph # () _____

(Street Address) (City or Town) (Zone) (State or Province)

**COMPLETE AND RETURN
THIS FORM PROMPTLY**

The Manhattan Life Insurance Company
 5 Waterside Crossing, Third Floor
 Windsor, CT 06095

