

Please check the box next to your insurance company's name.

Central United Life Insurance    Investors Consolidated Insurance Company    Loyal American Insurance Company    Unum

**P.O. Box 925309  
HOUSTON, TX 77292-5309  
1-800-669-9030**

## **FIRST OCCURRENCE BENEFIT CLAIM FORM**

You have chosen to obtain coverage for first occurrence of internal cancer. Should you ever become diagnosed with internal cancer, this form is to help you receive your benefit early to help cover some of the unexpected out of pocket expenses that you might incur. Please use this form to receive your initial payment. Once received with all the information completed below, we will gladly expedite your benefit to you.

Policy #: \_\_\_\_\_

Named of Insured: \_\_\_\_\_

Claimant's Name if different from Insured: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Please include the Pathology Report showing the diagnosis of the malignancy.**

Signature of  
Insured: \_\_\_\_\_

Date: \_\_\_\_\_



FOBI

Claims Department  
P. O. Box 925309  
Houston, TX 77292-5309