



Greater Georgia Life Insurance Company
Life Claims Service Center
P.O. Box 105448
Atlanta, GA 30348-5448
Phone 800-552-2137 Fax 877-305-3901
Email: lifecclaims@wellpoint.com

Employer Instructions for Filing a Group Life Insurance Claim

- Remove this page and the Group Policyholder's Statement.
- Complete the Group Policyholder's Statement in full. Missing or incomplete information can delay processing of the claim.
- Include a copy of the enrollment form or beneficiary designation form.

Give the Beneficiary the remaining pages of this package.

- The Beneficiary must complete the Beneficiary Claim Form in full and return it to you.
- If there is more than one beneficiary, each one must complete a separate form.
- The beneficiary must submit a death certificate. Only one death certificate is needed. The "Death Certificate" section describes what to submit.
- If the beneficiary has a funeral home assignment, please have them include the assignment with the claim form.
- If the claim is being filed by an Executor or Administrator of an Estate, he or she must sign the Beneficiary Claim Form, enter the Estate's Tax ID number and include copies of the appointment papers.

Death Certificate

We can accept a photocopy of the certificate in most cases. In certain circumstances we will require an original, certified death certificate and not a copy.

If any of the following applies to the claim, the beneficiary will need to submit an original, certified death certificate:

- Accidental Death
- Dependent Life claim
- Homicide (murder) or Suicide
- Death occurred outside of the U.S. or Canada
- Benefit Amount greater than \$100,000.

We may find there are circumstances not listed above that are specific to the claim that will require an original, certified death certificate. If so, we will contact you and the beneficiary as quickly as possible to let you know.

Where to send

Send the Group Policyholder's Statement, enrollment form/beneficiary designation, Beneficiary Claim Form(s) and death certificate to:

Greater Georgia Life Insurance Company
Life Claims Service Center
P.O. Box 105448
Atlanta, GA 30348-5448

You may also fax everything to us at 877-305-3901 or email to lifecclaims@wellpoint.com. If you fax or email the claim and we require an original, certified death certificate, you will need to mail the death certificate to us. Please call us with any questions at 800-552-2137.

Group Policyholder's Statement - not for use by beneficiaries



Please type or print legibly. Any omissions may cause a delay in claim processing.

Policy and Employer Data				
Group Number	OR	Case	Group	Suffix or Division
TO WHOM DO YOU WISH US TO DIRECT ALL CORRESPONDENCE ON THIS CLAIM?	Company		To the attention of	Email Address
	Telephone No.	Fax No.	Mailing Address	

Employee Data				
Full Name of Insured Employee		Social Security Number	Date of Birth	Date Employed
Amount of Insurance		Rate of Pay	Original date of insured's insurance with Greater Georgia Life	
Type of Insurance	Amount of Insurance	\$ per		
Basic Life	\$	Job Title and Class Number (per life insurance schedule)		
Opt/Add'l/ Supp Life	\$			
AD&D	\$	Date Last Worked	Date of Death	
Supp AD&D	\$	Had insurance been terminated prior to death?		
TOTAL	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes - indicate date:		
Was claim for Waiver of Premium or Permanent & Total Disability Benefits submitted prior to death? <input type="checkbox"/> No <input type="checkbox"/> Yes - claim #				
Reason for Ceasing Work		Was insured considered a member/employee at the time of death?		
<input type="checkbox"/> Illness (including disability leave of absence) <input type="checkbox"/> Leave of Absence (other than disability) <input type="checkbox"/> Quit <input type="checkbox"/> Dismissed <input type="checkbox"/> Vacation <input type="checkbox"/> Temporary Layoff <input type="checkbox"/> Retired		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Dependent Data - complete this section if this claim is for an insured dependent				
Full Name of Insured Dependent		Social Security Number	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street Name/Number, City, State, Zip)				
Relationship to insured employee	If spouse, was he/she divorced or legally separated?	If child, was he/she	If employed, was employment:	
<input type="checkbox"/> Husband <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Wife <input type="checkbox"/> Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	Married? <input type="checkbox"/> Yes <input type="checkbox"/> No Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Date employed:	
Date dependent insured under Greater Georgia Life insurance	Was insurance terminated? <input type="checkbox"/> No <input type="checkbox"/> Yes - date	Amount of dependent's insurance claimed \$	Date of dependent's death	

Accidental Death Claim Information	
If the group program provides an Accidental Death Benefit and death was due to an accident, please complete this section and attach copies of descriptive news articles and a police or coroner/medical examiner's report, if available.	
Date of accident or incident	Was the death due to injury arising out of and during the course of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Beneficiary Data				
Name of each beneficiary	Social Security No. or Tax I.D. No. if Estate or Trust	Relationship to Employee	Age	Address (No. + Street, City, State, Zip Code)

If a Beneficiary who is entitled to a benefit is deceased, give Name, Date of Death, and furnish a copy of his or her Death Certificate.

The information given above is correct and complete according to our records		
Policyholder or Employer	By (Signature & Title of Policyholder's Authorized Representative)	Date



Life Claims Service Center
P.O. Box 105448
Atlanta, GA 30348-5448
Phone: 800-552-2137 Fax: 877-305-3901
Email: lifecclaims@wellpoint.com

Dear Claimant:

Please accept our condolences on your recent loss. We realize that this is a difficult time for you and we will do our best to make sure that your experience with us is caring, professional and timely.

We know that during a confusing time like this, even simple decisions can seem huge. And no matter how well you may have prepared, you may feel that you are forgetting something important. So we have provided you with some information that may be of help.

Enclosed are two brochures. The first, "*Losing a Loved One: A list of reminders*," is a list of things that may need to be taken care of in the coming months, from dealing with pets to canceling credit cards.

The second brochure describes additional benefits that are available to you at no cost through our Resource Advisor program.

Finally, in order to better meet your needs and speed the processing of your claim, we want to make sure you understand our Access Advantage program. The Access Advantage account is a draft check program that is provided to you without cost as an additional benefit. If you elect this option, life insurance proceeds of \$10,000 or more can be deposited into your Access Advantage account, which pays competitive interest rates on the balance in your account. It is also fully guaranteed by Greater Georgia Life Insurance Company. If you would prefer, you can elect to receive a lump sum check mailed directly to you.

If you elect the Access Advantage account, as soon as your claim is approved, we will send your Access Advantage account kit containing your draft checkbook. Your funds will be immediately available to you. You will have the opportunity to withdraw money as you need it, leaving the balance earning interest at competitive rates, or you may withdraw the total amount—it is all based upon your needs. Please see the attached Access Advantage information sheet for complete details of the program.

If you have questions, we encourage you to call our Life Claims Service Center at our toll free number: 800-552-2137. Customer Service Representatives are available Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

Hopefully these resources will help with the many decisions and responsibilities that you may be facing at this time.

Sincerely,

Greater Georgia Life Claims

Losing a loved one: A list of reminders

Losing a loved one has a way of making most people feel unprepared. Suddenly, there's so much to do and worry about. What kind of burial arrangements should be made? Who is going to pay the bills? The list goes on and on. Anthem Life Insurance Company (Anthem Life) is here to help. Use this checklist as a guide to remind you of what you need to do. It'll help you spend less time taking care of matters and more time focusing on yourself and your loved ones.

Help is a phone call away with Beneficiary Companion

Beneficiary Companion, provided by Europ Assistance USA¹, is a service that can help you with paperwork and phone calls when a loved one dies. It's available at no additional cost to you. Beneficiary Companion will help you notify third parties of your loved one's death. People and companies that aren't immediate family or friends, like the phone company, bank and cable company. And they'll work to protect your loved one's identity from identity theft. Call Beneficiary Companion at 866-295-4890.

What you should do immediately

- Tell your family and close friends. Ask them to call others for you. Use the contact chart on the back of this sheet.
- Talk to your loved one's doctors. Should there be an autopsy? Was your loved one an organ/tissue donor?
- Find out if your loved one wrote a letter of intent or made pre-arrangements for a funeral, cremation or burial. Were any services pre-paid?
- Contact the funeral home.

Funeral or memorial service planning

- Decide on the kind of service you'd like to have and who should be billed. Refer back to any information your loved one may have left.
- Gather your loved one's information so the funeral home can issue a death certificate. You'll need your loved one's personal information including birth date, home address and work background. You can also use this information for an obituary or paid death notice.
- Ask family and friends to notify people of the service and to offer rides to anyone who might need one.
- Send obituary or paid death notice to local papers and anywhere else you'd like to publish it.
- Seek the advice of the funeral home to decide how many death certificates you'll need.



Family and household issues

- Figure out who will take care of your loved one's dependents.
- If your loved one had any pets, decide who will take them.
- If there are any outstanding bills due for the month like mortgage, rent or utilities, have someone pay them or decide how they will be handled.
- If the house is empty, arrange for a house sitter or put timers on the lights and TV. Plan for mail pickup and cancel newspaper delivery. Remove any valuables such as jewelry, small antiques and wallets.
- Locate your loved one's calendar and cancel scheduled appointments.
- Cancel services such as meal deliveries, home health aides or volunteers.

Personal and financial matters

- Find important documents, including:
 - Deeds
 - Disability claims
 - Financial records
 - Identification papers
 - Insurance policies
 - Licenses
 - Military certificates
 - Tax returns
 - Titles
 - Will or living trust
- Contact the attorney and/or executor named in the will to handle the probate court and estate matters.
- Check all insurance policies for death-related benefits.
- Transfer assets and property titles – like a car title – to your name if you're a surviving spouse, partner or dependent.
- Contact an accountant or tax advisor about how to file taxes now that your loved one is gone. If you need help preparing a budget or figuring out the value of your assets, ask.

- Open an individual bank account if you're a surviving spouse or partner.
- Locate any safe deposit box(es).
- Contact insurance agents to change your policies and beneficiaries, if necessary.
- Cancel your loved one's individual credit cards; but don't remove the name from joint accounts for six months.
- Change all home utilities to your name if you shared a household with your loved one.
- Update your will and consider preparing your own funeral or memorial pre-arrangements.
- See if you can transfer any mileage left on frequent flyer programs.

Other benefits

- Find out if you're entitled to any benefits through social or fraternal organizations, unions, mortgage companies and credit cards.
- Notify Social Security of your loved one's passing and file for any death or survivor benefits that may apply: 800-772-1213.
- If your loved one was a veteran, contact the U.S. Department of Veterans Affairs for benefits: 800-827-1000 or www.va.gov.
- If your loved one was a police officer or in the military, contact local representatives. They often provide special funeral services.

Employment issues

- Contact your loved one's employer about benefits, unpaid compensation and retirement/investment accounts.
- Ask about any unused vacation or personal time, unpaid commissions or bonuses and anything else that might be owed to your loved one.

¹ Europ Assistance USA is an independent company providing Beneficiary Companion services on behalf of Anthem Life.

People to contact

Name	Phone number	Name	Phone number

Resource Advisor



Support when you lose a loved one

When you've experienced a loss, Resource Advisor can give you the support that's so important during a difficult time. Resource Advisor from Greater Georgia Life is designed to help you manage issues before they become an emotional or financial burden.

Support in a time of need

The Resource Advisor program offers you consultations with financial, legal and mental health professionals, available up to six months after your loss at no extra charge to you.¹

We can arrange up to three face-to-face visits with a licensed mental health professional for grief counseling and help with any issues you're facing.

Resource Advisor also offers you the services of legal and financial professionals.¹ The legal consultations are face-to-face and the financial professional consultations are over the phone. Each visit must be with a separate concern.

For free and confidential help 24 hours a day, seven days a week, and to schedule consultations, simply call toll-free **888-209-7840**.

Online services to help any time

You can also get confidential access to work and life resources on www.ResourceAdvisor.GreaterGeorgiaLife.com, including the following:

- Tips on dealing with emotions and advice on handling difficult life events, like losing a loved one
- Links to online resources for coping with grief and loss
- An extensive Personal Concerns Library with many topics related to grief and loss
- Information for parents, so you can help your children deal with grief
- An online depression screening tool and tips on dealing with depression
- Online childcare finder and eldercare finder tools
- Online financial calculators and tools
- Information on dealing with identity theft

Beneficiary Companion

Beneficiary Companion can help you with guidance and assistance in administrative details to protect your loved one's estate. And there's no cost to you for these services.²

Call Beneficiary Companion at **866-295-4890** for help with:

- Obtaining copies of death certificates
- Notifying bills, creditors and other agencies
- Closing accounts and notifying financial institutions
- Public agency notification
- Placing a freeze on your loved one's credit report to protect against its use or opening new accounts

(Ensuring all finances and accounts are closed allows for distribution of funds to be processed by the attorney without complications.)

Helping children deal with loss

Greater Georgia Life would like to provide the children in your life a copy of *The Healing Book – Facing the Death – and Celebrating the Life – of Someone You Love*, a children's book to help them deal with loss.

This sensitive book helps young children understand the grieving process. To receive a copy of this book, at no extra charge to you, log on to the Resource Advisor website and click on "Beneficiary Services." Then click on "The Healing Book," enter your shipping information and we'll send a copy of the book to the child.

**So you'll always have it handy,
carry your Resource Advisor card
in your wallet.**

Resource Advisor



For toll-free, 24/7 telephone consultation and referral services, call **888-209-7840** or visit www.ResourceAdvisor.GreaterGeorgiaLife.com and login with your program name: **GGLResourceAdvisor**

Life and Disability products underwritten by Greater Georgia Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

¹The Resource Advisor program is available to beneficiaries of Anthem Life policyholders and costs nothing additional for its use by qualified beneficiaries.

²Beneficiary Companion services are provided by Europ Assistance USA

Access Advantage Account Program Information

To give you time to make important financial decisions

HOW DOES THE ACCESS ADVANTAGE ACCOUNT WORK?

If you elect to have your benefit paid by an Access Advantage account, we will deposit your life insurance proceeds into an interest bearing draft checking account. We'll send you an account certificate showing the amount paid to you, the current interest rate and all details of your Access Advantage account.

You will receive draft checks that give you immediate access to all of your life insurance proceeds. You can write as many draft checks as you wish. The only requirement is each draft check must be for at least \$250. There's no charge for the account or the draft checks. There are fees for certain services: stop payment, copy of draft checks, returned draft checks and extra statements.

You'll receive a statement each month you have activity in your account showing your balance, all draft checks written, interest credited and the current effective annual percentage yield. If your account does not have any activity, you'll receive a statement each quarter.

You may use the draft checks just as you would your local bank check. The only difference is that draft checks clear through a Greater Georgia Life bank account at State Street Bank in Boston, Massachusetts rather than your personal account

YOUR FUNDS ARE SECURE

All funds in your Access Advantage account are fully guaranteed Greater Georgia Life Insurance Company for as long as they remain in your account. Greater Georgia Life has consistently received a rating of "A (Excellent)," among

the highest ratings, for our stability from A.M. Best.

The Access Advantage account is not a bank account and as such is not insured by the FDIC or backed or guaranteed by any federal government agency. The principal and interest earned under the account are fully guaranteed by the state guaranty association for your state of residency. You can contact the National Organization of Life and Health Guaranty Associations (www.nolhga) to learn more about the protection provided by the guaranty association in your state.

COMPETITIVE INTEREST RATES

Access Advantage accounts earn a competitive interest rate. Interest is compounded daily and the rate may fluctuate with market conditions. If you'd like to know our current interest rate you can call us at 800--552-2137.

IMPORTANT ADDITIONAL INFORMATION

You can elect to have your benefit paid by a check instead of an Access Advantage account.

Claim payments of under \$10,000 and claim payments to a corporation or certain other entities usually are not eligible for an Access Advantage account. Under some circumstances we may be obligated to carry out a previously selected method of payment of your claim.

If the Beneficiary is an Estate or a Trust, the benefit will be paid by a check and not by the Access Advantage account. If the Beneficiary lives outside the United States, the benefit can only be paid by check.

If the Beneficiary is a minor, the benefit will be deposited into an Access Advantage

account unless otherwise directed by a Guardian of the Estate or a court.

You're able to name a beneficiary for your account.

Some employers do not participate in the Access Advantage program, in which case you would be paid by check.

If your balance falls below \$250, we will close your account and send you a check for the balance including earned interest. After an account remains inactive for two years or longer, we will attempt to contact you.

Greater Georgia Life Insurance Company may derive income from the total gains received on the investment of the balance of funds in the account.

The Access Advantage account is not intended to be a long term investment vehicle. The interest will be taxable to you as income. Please consult a tax advisor if you have a tax question. We cannot provide tax advice. Also, since the Access Advantage program was designed for life insurance benefits, you cannot make additional deposits into the account.

FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.

How to Complete Your Beneficiary Claim Form

- If there is more than one beneficiary, each one must complete a separate form.
- You must submit a death certificate. Only one death certificate is needed. The next section describes what we can accept.
- If you have a funeral home assignment, please include the assignment with your claim form.
- If the claim is being filed by an Executor or Administrator of an Estate, he or she must sign the Beneficiary Claim Form, enter the Estate's Tax ID number and include copies of the appointment papers.

Death Certificate

You must include a copy of the death certificate with the Beneficiary Claim Form. We can accept a photocopy of the certificate in most cases. In certain circumstances we will require an original, certified death certificate and not a copy.

If any of the following applies to your claim, please submit an original, certified death certificate:

- Accidental Death
- Dependent Life claim
- Homicide (murder) or Suicide
- Death occurred outside of the U.S. or Canada
- Benefit Amount greater than \$100,000.

We may find there are circumstances not listed above that are specific to your claim that will require an original, certified death certificate. If so, we will contact you as quickly as possible to let you know.

Return the form and death certificate to the employer

The Employer will send all information to us on your behalf.

Contacting us

If you have any questions, please call us at 800-552-2137 or email us at lifecclaims@wellpoint.com.

Beneficiary Claim Form



Return this Beneficiary Claim Form with the death certificate to the employer. Please type or print.

For group policyholder use only			
Group Number	Group/Employer Name		
SECTION 1: Claimant/Beneficiary Information			
Name (First, Middle Initial, Last)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Address (Street Name/Number, City, State, Zip)		Home Phone Number	
		Daytime Phone Number	
E-mail Address:		Social Security Number:	
In what capacity are you making this claim? <input type="checkbox"/> Beneficiary <input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____		Claimant's relationship to the insured <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	
I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or I am exempt. Cross out this statement if you have been so notified.			
SECTION 2: Information about the Insured (the Deceased)			
Name (First, Middle Initial, Last)			
SECTION 3: Benefit Payment Option			
<p>Please select only one of the options listed below. If you do not choose a payment/settlement option, we will deposit the full amount of the insurance proceeds into the Access Advantage account. Benefit amounts less than \$10,000 will be paid in a lump sum check.</p> <p><input type="checkbox"/> I would like to take control of my insurance proceeds and defer making long-term decisions while earning interest on the proceeds. I want the full amount of the insurance proceeds payable to me distributed, in a single distribution, into the Access Advantage account. I understand you'll mail me a supply of draft checks with other materials about my account once my claim is approved. I can take all or part of the proceeds whenever I want by simply writing a draft check for \$250 or more, and that Greater Georgia Life guarantees my account. Read the sheet "Access Advantage Account" for more information.</p> <p><input type="checkbox"/> I would like a check in the full amount of the insurance proceeds payable to me.</p>			
SECTION 4: Signature and Certification			
I certify, under penalty of perjury, that the Social Security Number or other Taxpayer Identification Number and Claimant's Backup Withholding status information in Section 1 is correct. I understand that my signature may be used for signature verification for my Access Advantage account and other purposes.			
Signature _____		Date _____	
Any person who knowingly and with intent to defraud any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal penalties.			

For use by Greater Georgia Life only			
Examiner	Claim #	Date Approved/ Denied	Total (Benefit + Interest)

Return this form and death certificate to the employer.

If you have questions, call us at 800-552-2137.

The laws of some states require us to provide you with the following information:

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware and Idaho: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Maine, Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Minnesota: A person who files a claim with intent to defraud or helps to commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. §638:20.

New Jersey: A person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: A person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: 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 materials 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 violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: 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 subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.