

# PERICO LIFE INSURANCE COMPANY



13358 Manchester Road, St. Louis, Missouri 63131  
Telephone: (314) 965-5675 Facsimile: (314) 965-7054

5170 Commerce Circle, Indianapolis, Indiana 46237  
Telephone: (317) 887-0030 Facsimile: (317) 888-7145

## SPECIFIC CLAIM FORM

Initial Claim       Supplemental Claim       50% Notification       Specific Advancement\*

Employer Name \_\_\_\_\_  
Policy Number \_\_\_\_\_ Policy Period \_\_\_\_\_  
EE Name \_\_\_\_\_ SSN \_\_\_\_\_  
EE Date of Birth \_\_\_\_\_ EE Effective Date \_\_\_\_\_ Hire Date \_\_\_\_\_  
Paid to Date \_\_\_\_\_ EE Termination Date \_\_\_\_\_  
Claimant Name \_\_\_\_\_ Last Day Worked \_\_\_\_\_ Current Status \_\_\_\_\_  
Claimant Effective Date \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_  
Diagnosis/ICD 9 \_\_\_\_\_ COBRA Eff. Date \_\_\_\_\_ Prm. Paid To \_\_\_\_\_  
Prognosis \_\_\_\_\_ Case Management Reviewed     No     Yes  
Vendor \_\_\_\_\_  
Telephone No. \_\_\_\_\_

Total Eligible Benefits this Submission    \$ \_\_\_\_\_  
Less Specific Deductible    \$ \_\_\_\_\_  
Balance    \$ \_\_\_\_\_  
Percent to be Reimbursed    \$ \_\_\_\_\_ %  
Reimbursement Requested    \$ \_\_\_\_\_

Estimated Future Liability \$ \_\_\_\_\_

**YOUR REIMBURSEMENT REQUEST SHOULD INCLUDE THE FOLLOWING INFORMATION (IF APPLICABLE):**

**Copies Of:**

Enrollment form/Creditable Coverage Certificate  
Employee Claim Form (current)  
COBRA Election Form/Payments  
EOBs/Claim Checks/Registers  
Itemized Bills  
Deductible/Coinsurance Proof  
Precertification Form  
Hospital Repricing Sheets  
Divorce or Separation Decrees or Court Orders

**Investigation Materials For:**

COB  
Full-Time Student Status  
Pre-existing  
Large Case Management Reports  
Subrogation (Accident Detail/Police Report)  
Workers' Compensation

**\*ADVANCE FUNDING REQUEST FORM AND SPECIFIC CLAIM FORM MUST BE COMPLETED WHEN REQUESTING SPECIFIC ADVANCEMENT**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
TPA Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax No. \_\_\_\_\_