

Union Fidelity Life Insurance Company
P.O. Box 1572
Lynchburg, VA 24505-1572

For OVERNIGHT purposes ONLY:
Attn: Life & Annuity Claims Department
3100 Albert Lankford Drive
Lynchburg, VA 24501
Tel: 888 345.4242
Fax: 434 948.5783
lynlifeclaims@genworth.com

Deferred Annuity Claim Form

Fixed Deferred Annuity only

from Union Fidelity Life Insurance Company

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- Submit the following documents so we can process your claim
 - A separate claimant statement for each beneficiary
 - An original, raised seal certified death certificate indicating the insured's cause of death
- Other documents may be required depending on the specific circumstances of your claim
- Please refer to our frequently asked questions at genworth.com/tools-and-forms/claims/annuity-claims.html

Decedent information *The person who has died*

If manner of death was other than "Natural," please describe circumstances on a separate sheet and attach any relevant newspaper clippings.	Name <i>First, Middle, Last</i>			
	.			
	Maiden name <i>If applicable</i>		Other names by which the deceased was known	
	.		.	
	Address <i>Residence at time of death</i>			
	.			
	City		State	Zip
	.		.	.
	Date of birth		Date of death	
	.		.	
Manner of death <i>Select one</i>				
<input type="radio"/> Natural <input type="radio"/> Accidental <input type="radio"/> Suicide <input type="radio"/> Homicide				

Annuity contract information

Attach a separate sheet if more space is required for additional contract information.

Annuity contract number(s). *List all contracts under which you (the claimant) are making a claim.*

.

Beneficiary/claimant information

If claimant is not an individual, refer to Special beneficiary/claimant information and signing in capacity instructions on page 7.

If claimant is a trust, complete this section **AND** complete the Trustee information section below.

The claimant is referred to as "you" and "your" in this form.

Federal income tax withholding is based on IRS Form W-4P if an annuity income option is selected on page 3.

Full beneficiary name or Trust name		Social Security/Tax ID number
.		.
Email address		Phone number
.		.
Address		City
.		.
State/State in which trust was established		Zip
.		.
Date of birth/Date of trust agreement	Age	Relationship to deceased
.	.	.
Citizenship <i>Select one and provide country if "Other"</i>		Amendment dates if any
<input type="radio"/> US <input type="radio"/> Other		.

List **all** current trustees if claimant is a trust.

Current trustee name(s) *Do not list any former trustees*

.

Attach a separate sheet if more space is required for additional trustee names.

Indicate capacity of each trustee: Sole Current Trustee or Co-Trustee as appropriate.
Each current trustee must sign on page 6 unless the trust document confers on one trustee the authority to act alone; if so, the trust document is required to verify authority.

Payment mailing address

Provide the address to which payment(s) should be sent if different from the claimant address provided above.

Address			
.			
City		State	Zip
.		.	.

Form must be signed on page 6.

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Deferred Annuity Claim Form

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Settlement options *Choose and complete one of the settlement options below*

The claimant is referred to as “you” and “your” in this claim form.

As a named beneficiary, you may choose from a variety of options. Before selecting a settlement option, however, we strongly recommend that you consult a tax advisor to discuss potential tax consequences, and a financial advisor to discuss your options.

1. Lump sum settlement option

- ☐ **1a. Full distribution** – Entitled party will receive the entire amount available in a check format.
- ☐ **1b. Partial distribution** – Entitled party will receive only \$..... in a check format. You must elect another option for the remaining funds (e.g., purchase a new annuity or annuity income).
- ☐ Check here to have your check sent via Federal Express®. A \$7.00 dollar fee will be withheld from your death benefit. A physical address is required. Federal Express® cannot deliver to a Post Office Box.



VA Residents We mail claim checks to attorneys who have represented you during the claims process, and to other representatives at your request. Upon payment of at least \$5,000 in a single check that is mailed to an attorney *licensed in the Commonwealth of Virginia*, or other representative, we are required to send you a notice of such payment, unless you waive this right. A copy of the required notice will be sent simultaneously to your attorney or representative.

Please choose one of the following:

- ☐ I waive my right to receive notice as outlined above. I will follow up with my attorney or representative for my payment on my own.
- ☐ Please send me notice of payment. This notice will only be sent in the circumstances outlined above.

2. Continue annuity option

You must designate your own beneficiary(ies). Use the Beneficiary designation section on Page 4 to make your designations.

Civil Union is used to describe a civil union partnership or domestic partnership as described by a state that has recognized these arrangements.

- ☐ **Spousal Continuation Option:** Check here to elect this option. *Available if you are the **spouse** of the deceased and meet any age restrictions of the original contract.*

Please choose one of the following options for RMD if you or the decedent have attained age 70 ½ (if no option is chosen, no distribution will be made):

- ☐ Calculate and distribute the RMD for this year
- ☐ Distribute \$..... for the RMD for this year
- ☐ No distribution is needed as the RMD has already been met for this year
- ☐ Other:

- ☐ **Civil Union/Domestic Partner Continuation.** Check here to elect this option. Available if you reside in a state that recognizes civil union partnerships or domestic partnerships that afford benefits of the marital relationship (including relationships established in other states) and you meet any age restrictions of the original contract. This option is not available in any state that has not recognized these relationships. **To meet federal distribution requirements for beneficiaries, you will be required to take annual withdrawals each year to satisfy section 72(s) (2)(B) of the Internal Revenue code of 1986, as amended. Please review your confirmation letter for further details.**

Settlement options *Continued***3. Annuity income option**

Select appropriate payment option and annuity payment details.

Payments must start within one year of deceased's death

* Complete the Beneficiary information on Page 4.

For **Payment frequency**,

- Monthly = 12 per year
- Quarterly = 4 per year
- Semiannually = 2 per year
- Annually = 1 per year

These options provide a series of fixed payments. Once payments begin, they cannot be changed.

Payment options *Select one*

☐ **3a.** Payments for years* *Indicate number of years, minimum five years / maximum 50 years (may be subject to age restrictions and/or contract provisions)*

☐ **3b.** Payments for as long as you live, guaranteed for years* *Indicate number of years, minimum five years / maximum 50 years (may be subject to age restrictions and/or contract provisions)*

Payment option details

3a: You will receive payments for the number of years you select. Payments are guaranteed even if you die before the designated period ends. At your death, any remaining payments will be made to your designated beneficiary. Make your beneficiary designation(s) in the Beneficiary information section on page 4.

3b: You will receive payments for as long as you live with payments guaranteed for the number of years you select, not to exceed your life expectancy. If you die before the Guarantee Period ends, any remaining payments will be made to your designated beneficiary. Make your beneficiary designation(s) in the Beneficiary information section on page 4 and attach a copy of your birth certificate or valid driver's license to the claim form.

Annuity payment details *Payment to the claimant*

Payment frequency *Select one*

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Payment method *Select one*

☐ Check ☐ Electronic funds transfer (EFT)

EFT payment requests require completion of an EFT form. Please contact our office for this form.

Payments can begin as early as 30 days after the claim is deemed payable.

4. Delayed Distribution

Use the Beneficiary designation section on page 4 to make your designations.

☐ Delayed distribution

If this is not an IRA or 403(b) Annuity Contract: You may delay distribution for up to five years from the date of death. All contract values must be withdrawn by the 5th anniversary of the date of death. You may request a full or partial surrender at any time during the deferral period by sending us written notice.

If this contract is an IRA or 403(b) Annuity Contract: If the deceased had reached the required beginning date for minimum required distributions, you must continue to take them, beginning in the year after the deceased's death, and the Delayed distribution option is not available. However, if the deceased was not required to take minimum required distributions, you may delay distribution until the end of the 5th year following the date of death. You may request a full or partial surrender at any time during the deferral period by sending us written notice.

5. Transfer, Exchange, or Rollover to Another Insurance Company Contract or Account

Directing us to send death proceeds to another insurance company will not avoid distribution-at-death requirements with respect to these amounts, unless the amount transferred is subject to tax. You should obtain advice from a tax professional.

☐ **5a. Trustee-to-Trustee Transfer to IRA (spousal beneficiary only)**

We will require either transfer forms or a Letter of Acceptance from the receiving company, or you will need to provide the Name, Address and Account Number for the other carrier in the Payment Mailing Address section.

☐ **5b. Direct Rollover to a Beneficiary IRA (spousal or non-spousal beneficiary)**

If proceeds are being paid into a Beneficiary IRA contract at another insurance company, transfer paperwork must be submitted and must refer to the beneficiary in a manner substantially similar to "Inherited IRA for John Doe as Beneficiary of Jane Doe, Deceased."

If the funds are going to an IRA account, we need transfer paperwork or a Letter of Acceptance from the receiving company that includes an account number as well as a description of the IRA account.

*Distributions are required under section 401(a)(9)(B) and must begin by 12/31 of the year following the date of death. **This option must be requested at least 45 days prior to the 12/31 cut off.***

☐ **5c. Non-Qualified – 1035 exchange (spousal or non-spousal beneficiary)**

We will require transfer forms from the receiving company that indicate the new contract will be set up as a Non-qualified Stretch. Non-qualified funds for beneficiaries must be held within a contract that accommodates the distributions required under section 72(s) of the IRC, unless the beneficiary is a spouse. For a spouse beneficiary, the contract can be transferred into either a Non-qualified contract or a Non-qualified Stretch contract.

For non-qualified stretch contracts, distributions are required under section 72(s) and must begin within one year of the date of death. **This option must be requested at least 45 days prior to the one year anniversary of the death.**

Form must be signed on page 6.

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Beneficiary designation

Complete this section ONLY if you selected Payment options 2, 3a, 3b or 4.

Designation percentages must total 100% for each beneficiary type. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries.

Attach a separate **signed and dated** sheet that includes all required information if more space is needed for additional beneficiaries.

Name or designation	Beneficiary type		Percentage
.	<input type="radio"/> Primary		.
Social Security/Tax ID number	Date of birth	Relationship to claimant	%
.	.	.	.
Address	Phone number		.
.	.	.	.
City	State	Zip	.
.	.	.	.

Name or designation	Beneficiary type		Percentage
.	<input type="radio"/> Primary	<input type="radio"/> Contingent	.
Social Security/Tax ID number	Date of birth	Relationship to claimant	%
.	.	.	.
Address	Phone number		.
.	.	.	.
City	State	Zip	.
.	.	.	.

Name or designation	Beneficiary type		Percentage
.	<input type="radio"/> Primary	<input type="radio"/> Contingent	.
Social Security/Tax ID number	Date of birth	Relationship to claimant	%
.	.	.	.
Address	Phone number		.
.	.	.	.
City	State	Zip	.
.	.	.	.

Name or designation	Beneficiary type		Percentage
.	<input type="radio"/> Primary	<input type="radio"/> Contingent	.
Social Security/Tax ID number	Date of birth	Relationship to claimant	%
.	.	.	.
Address	Phone number		.
.	.	.	.
City	State	Zip	.
.	.	.	.

Form must be signed on page 6.

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Tax withholding information**Withholding notice**

Withholding only applies to the taxable portion of the payment you receive, not to the entire payment. In general, the taxable portion equals the extra amount you receive over the total amount you paid (considered your cost basis).

Consult your personal tax advisor regarding the tax status of distributions from your annuity.

Income tax withholding election

If you selected an Annuity income option, federal withholding will be based on IRS Form W-4P and state withholding will be based on your state's forms and rules.

If you did not select an Annuity income option, we will withhold 10% federal and any applicable state taxes if you do not complete this section.

If no state tax amount or percent is specified, no state income tax will be withheld, unless required by the state.

- Federal withholding is generally at a 10% rate, but you may elect not to withhold any taxes
- We will assume that the entire withdrawal from an IRA is taxable, except for non-taxable qualified distributions from a Roth IRA
- If you elect not to have federal and state income tax withheld, you are still liable for payment of federal income tax and, if applicable, state income tax on the taxable portion of the distribution. You may also be subject to tax penalties under the Estimated Tax Payment Rules if any payments of estimated tax and withholding are insufficient (IRS Publication 505 explains federal estimated tax requirements and describes penalties in detail). You may be able to avoid quarterly tax payments by having enough tax withheld from your withdrawals.
- If you do not provide your Social Security or Tax ID number, federal and any applicable state taxes will be withheld
- In **AR, MI and NC** state withholding is required, regardless of federal withholding, unless you elect not to have taxes withheld (MI requires you to complete Form MI W-4P). In DC lump sum distributions (to the extent not rolled over or transferred) from qualified contracts are subject to mandatory withholding. If federal tax is not withheld, all states that otherwise require withholding will permit you to select a dollar amount or percentage of state tax to be withheld.
- **If you want state income tax withheld in AL, AR, CO, CT, DC** (except lump sum distributions from qualified contracts), DE (except employer-funded contracts), GA, ID, IL, IN, KY, LA, MD, MN, MO, MT, ND, NJ, NM, OH, PA, RI, SC, UT, VA (IRAs and SEPs), WI and WV, **you must designate a state withholding amount.**
- **We cannot withhold state income tax in AK, AZ, FL, HI, MS, NH, NV, NY, SD, TN, TX, WA and WY.**
- In DE (SEPs and other employer-funded contracts), IA, KS, MA, MD (eligible rollover distributions only), ME, NE, OK and VT, **state withholding is required at the current state rate or higher amount you choose.**
- **Unless you elect not to have state income tax withheld (except for eligible rollover distributions in AR and NC), in DC** (retirement plans or accounts), CA, KS, NC, OR or VA (except for IRAs and SEPs; attach VA-4P to claim exemption) **state withholding is required at the current state rate or higher amount you choose.**
- If applicable, the state withholding certificate may state special rules and conditions for withholding state income tax from your withdrawals.

Withhold federal taxes *Select one*

☐ Yes ☐ No

Withhold state taxes *Select one*

☐ Yes ☐ No

If yes, specify amount (minimum of 10%) *Select one*

☐ \$..... ☐ %

If yes, specify amount *Select one*

☐ \$..... ☐ %

Substitute Form W-9 (an official Form W-9 with instructions is available upon request)

If you are not a U.S. citizen or other U.S. person, do not complete this section. You must provide an IRS Form W-8BEN (individual), W-8BEN-E (non-individual), or another applicable IRS form to document your foreign status.

You must cross out item 2, if you have been notified by the IRS that you are currently subject to backup withholding because of a failure to report all interest and dividends on your tax return.

The Foreign Account Tax Compliance Act (FATCA) is a Federal tax regulation that extends existing reporting requirements to require Foreign Financial Institutions to comply with IRS request of withholding and reporting on US and unidentified account holders.

IRS regulations require certification of FATCA exemption. FATCA codes apply to certain entities, not individuals.

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation

☐ Partnership ☐ Trust/estate

☐ Limited liability company Enter the tax classification (C=C Corporation, S= S Corporation, P=Partnership)

☐ Other (see instructions)

Social security number or Employer identification number

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and**
- 2. I am not subject to backup withholding because:**
 - (a) I am exempt from backup withholding, or**
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or**
 - (c) the IRS has notified me that I am no longer subject to backup withholding, and**
- 3. I am a U.S. citizen or other U.S. person (defined in the instructions).**
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

Form must be signed on page 6.

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Declaration and signature(s)

Union Fidelity Life Insurance Company is referred to as “us,” “our” and “we” in this section.

The claimant is referred to as “you” and “your” in this section.

By signing below, you

- Make claim to the proceeds and declare that you have the authority to claim in the capacity you have indicated
- Declare that all answers recorded in this claim form are true and complete
- Declare the original and any duplicates or certificates of each contract listed in the Annuity contract information section on page 1 to be lost or otherwise unavailable unless sent to us with this claim form
- Agree that our furnishing of this claim form and any supplemental forms is not an admission of liability by us

Current trustee certification

If signing as a current trustee, you additionally

- Declare that the named trust is in full force and effect, without change, except as noted
- Declare that you are a current Trustee of the named trust and have not resigned or been replaced
- Declare that you are acting within the scope of the authority conferred on you by the named trust
- Agree that we have no obligation to verify that the named trust is in effect or that you are acting within the scope of your authority

Please see the “**State fraud notices**” section on page 8 for additional information.

If you are signing as a fiduciary or representative, you must **sign in capacity with title in which you are claiming.**

Laws in your state may make it a crime to fill out this form with information you know is false or to omit important facts. Criminal and/or civil penalties can result.

For your protection, the state of **New York** laws require that we provide you with the following statement:

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**SIGN
HERE**

X

Beneficiary/claimant signature

- ☐ Individual/self ☐ Sole trustee ☐ Co-trustee
☐ Personal representative ☐ Administrator
☐ Custodian ☐ Other

Date

- ☐ Executor/executrix

See **Special beneficiary/claimant information and signing in capacity instructions** on page 7 for details.

**SIGN
HERE**

X

Beneficiary/claimant signature

- ☐ Individual/self ☐ Sole trustee ☐ Co-trustee
☐ Personal representative ☐ Administrator
☐ Custodian ☐ Other

Date

- ☐ Executor/executrix

Special beneficiary/claimant information and signing in capacity instructions

The following Special claimant information provides details regarding form completion requirements for certain claimant types, and specific circumstances that require additional documentation. The Signing in capacity sections provide instructions regarding which "capacity" or "title" should be included with the claimant's signature on page 6.

Individual Claimant

Complete the Beneficiary/ claimant information section. If you are not a US Citizen, you will be required to complete an IRS W-8 BEN.

When signing, indicate capacity as Individual. Do not use any other "title" unless claiming in that capacity. If acting as Power of Attorney for another individual, the capacity should read [Your Name] as POA for [Name].

Trust

- **Claimant information:** Complete this section with the Trust's information, providing the trust's name and date of trust in the "Name" field (e.g., Jane Marie Doe Trust, trust date)
- Complete the "Trustee information" section and list **all** current Trustees.
- Provide a Tax Identification Number (TIN) for the Trust for tax reporting purposes. **The applicable IRS W-8 series form is required for a foreign trust.**
- **Signing in capacity:** The trustee(s) must sign and check either the "Sole trustee" or "Co-trustee" selection as appropriate, and have each current trustee sign unless the trust document confers on one trustee the authority to act alone
- If the trust is a Grantor's Trust, a Grantor Trust Certification should be completed and returned with this claim form.

Estate of insured

- **Claimant information:** Complete this section with the estate's information, providing the estate name in the "Name" field (e.g., Estate of Jane Marie Doe)
- Provide a Tax Identification Number (TIN) for the Estate for tax reporting purposes. **The applicable IRS W-8 series form is required for a foreign estate.**
- **Signing in capacity:** Sign and check either the "Personal representative," "Administrator" or "Executor/executrix" selection as appropriate
- Submit a copy of the Letters of Administration/Testamentary or other court document appointing the estate's Personal Representative
- **Important Note – Small Estates:** The estate may qualify as a "small estate" under the Small Estate statute or another similar statute of the decedent's state of residence. If the estate qualifies as a "small estate," we require a copy of the properly prepared affidavit or other form required by the state. State laws vary. Please consult your attorney or tax advisor for more information on "small estates"

Corporation

- **Claimant information:** Complete this section with the corporation's information, providing the corporation name in the "Name" field (e.g., ABC Corporation)
- **Signing in capacity:** Sign and check the "Other" selection, and write in the title by which you are authorized to act on behalf of the company (e.g., Name: Jane Marie Doe, Capacity: ABC Corporation President)
- **Submit IRS Form W-9 for a domestic corporation. The applicable IRS W-8 series form is required for a foreign corporation.**

Business Partnership

- **Claimant information:** Complete this section with the partnership's information, providing the partnership name in the "Name" field (e.g., ABC Partnership)
- **Signing in capacity:** All partners must sign, or the general or managing partner must sign, and check the "Other" selection and write in their capacity as Managing Partner or Partner as appropriate
- **Submit IRS Form W-9 for a domestic business partnership. The applicable IRS W-8 series form is required for a foreign business partnership.**

Minor/child

Reminder: the custodian of the minor's "person" is not necessarily the custodian of the minor's estate/property.

- **Claimant information:** Complete this section with the minor's information, providing the minor's name in the "Name" field (e.g., Jane Marie Doe, minor)
- Submit a copy of the court document appointing the custodian/guardian of the minor child's property/estate (not required if claiming under the Uniform Transfers/Gifts to Minors Act (UTMA))
- If claiming under the UTMA, sign and check the Custodian selection, indicate relationship (father, mother, etc.) as "Custodian of (name of child) under the (name of resident state) Uniform Gifts/Transfers to Minors Act." If you were not named as Custodian under UTMA in the policy's beneficiary designation but are the child's legal custodian or guardian, you may sign and check the Custodian selection, and indicate relationship (mother, father, etc.) as "Custodian of the estate/property of (name of child), minor." Please be aware that if you were not named Custodian under the UTMA and have not been court appointed as custodian/guardian of the minor's property, there may be additional claim requirements.

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State fraud notices *For your protection, some states' laws require that we provide you with the following statements*

Alabama Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Rhode Island, West Virginia and Louisiana 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 and Texas Any person who knowingly presents 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.

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 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 or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

Indiana A person who knowingly and with intent to defraud an insurer files a statement of claim containing any 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 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 a denial of insurance benefits.

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

Minnesota A person who files a claim with intent to defraud or helps 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 NH Rev. Stat. Ann. §638:20.

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

New Mexico 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 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 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.

Ohio and Oregon 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 may be 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.

Puerto Rico Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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 include imprisonment, fines and denial of insurance benefits.