



Payment Protection Claims | P.O. Box 795027 | San Antonio, Texas 78279

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NOTICE OF HOSPITALIZATION CLAIM

INCOMPLETE INFORMATION MAY CAUSE A DELAY IN CONSIDERING YOUR REQUEST

PART 1 | FINANCIAL INSTITUTION—LOAN/LINE OF CREDIT (LOC) INFORMATION

Lender Name: _____ Loan Number: _____

We suggest that you keep in contact with the lender and make sure the loan account remains current.

PART 2 | BORROWER'S STATEMENT—YOU COMPLETE THIS PART

Any person who knowingly submits a request for benefits containing a false or deceptive statement is guilty of fraud and may be subject to criminal penalties.

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email Address: _____

1. How long were you hospitalized?

Beginning: _____ to _____

2. Reason for hospitalization: _____

3. Please attach your hospital discharge summary as supporting documentation.

I authorize SWBC and its subsidiaries to view and obtain a copy of records pertaining to any and all medical practitioners, physicians, pharmacists, pharmacy benefit managers, hospitals, clinics, nurses, records custodians, employers, financial custodians, law enforcement agencies, or insurance companies. I understand that the information I am authorizing to be released may include:

- 1. AIDS/HIV test results, diagnosis, treatment, and related information
- 2. Drug screen results and information about drug or alcohol use and treatment
- 3. Mental health information
- 4. Pharmacy prescriptions/Pharmacy Benefit Managers

I further understand that this authorization is valid for one year from the date executed below. I also understand that I may revoke this authorization at any time during the one year period by notifying the Claims Department in writing at the address shown at the top of this form. The information obtained by this authorization will be used to evaluate this claim. The information obtained by this authorization may be disclosed to reinsurance companies, if policy is reinsured, to any agency employed by the Company, and to any party, which the Company is required by law or subpoena to disclose. I understand that when information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the Company and may no longer be protected by the same rule that applied in the first instance.

Print Name: _____

Borrower's Signature: (Required) _____ Date: (Required): _____

We suggest that you keep in contact with your lender and make sure your Loan Account(s) remain current. By providing your contact information, you consent to being contacted by an SWBC representative, including phone calls, emails, and text messages sent by an automated telephone dialing system.