

C A N C E R
C L A I M S F A X
T R A N S M I T T A L

Central United Life
Manhattan Life
Family Life

Please Fill in the following lines with your current personal information.

Number of Pages Including Cover: _____

Date: _____

To: CANCER CLAIMS DEPARTMENT

From: _____

Email Address: _____

Fax: _____

Phone Number: _____

Policy Number(s): _____

Policyholder Name: _____

Please Fax Multiple Claims Separately

Claim Type:

Cancer Policy

First Occurrence Benefit

Riders:

Mammogram

Premium Waiver

Dread Disease

Cancer and Dread Disease

Chemo & Radiation

Intensive Care Unit

Wellness Benefit:

Cancer Wellness

All Cancer Claims Should Be Faxed to 713-821-6449

Additional Information: _____

Please **DO NOT** send more than one claim with each fax transmission.

Each Policy or Covered Person requires a separate fax cover page and a separate fax transmission.