

CLAIM FORM

ARAG®
 P.O. Box 9171
 Des Moines, IA 50306-9171



PLEASE FOLLOW THE INSTRUCTIONS ON THE BACK OF THIS CLAIM FORM TO COMPLETE THE FOLLOWING:

PLAN MEMBER AND CLIENT INFORMATION			
PLAN MEMBER'S NAME (LAST, FIRST & MIDDLE INITIAL) (REQUIRED)		PLAN MEMBER'S ID (REQUIRED)	
PLAN MEMBER'S STREET ADDRESS NEW ADDRESS? <input type="checkbox"/>		CLIENT'S NAME (LAST, FIRST & MIDDLE INITIAL)	
CITY	STATE	ZIP CODE	
PLAN MEMBER'S HOME PHONE NUMBER ()		CLIENT'S BIRTH DATE (MM/DD/YY) □□ / □□ / □□ □□	IF CLIENT IS OVER 18 YEARS INDICATE IF: <input type="checkbox"/> STUDENT (INCLUDE SCHOOL NAME AND ADDRESS) _____ _____ <input type="checkbox"/> DISABLED
PLAN MEMBER'S WORK PHONE NUMBER ()		<input type="checkbox"/> CHECK IF CLIENT IS COVERED BY ANOTHER LEGAL PLAN	
PLAN MEMBER'S GROUP OR EMPLOYER NAME		RELATIONSHIP TO PLAN MEMBER <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	
PLAN MEMBER'S E-MAIL ADDRESS <small>By providing an e-mail address, you give ARAG permission to communicate with you about your plan via e-mail.</small>		AUTHORIZED SIGNATURE <i>I authorize the release of any legal information necessary for this claim.</i> X	
DATE			

PROVIDER BILLING INFORMATION <small>ONLY COMPLETED BY THE NETWORK ATTORNEY</small>					
PROVIDER'S NAME (LAST, FIRST & MIDDLE INITIAL)					
PROVIDER'S ADDRESS (NO. STREET)		CITY	STATE	ZIP CODE	NEW ADDRESS? <input type="checkbox"/>
PROVIDER'S SOCIAL SECURITY NUMBER (REQUIRED) □□□□ - □□□□ - □□□□		PROVIDER'S PHONE NUMBER ()		TODAY'S DATE	
PROVIDER'S SIGNATURE X		PROVIDER'S E-MAIL ADDRESS <small>By providing an e-mail address, you give ARAG permission to communicate with you about the ARAG Attorney Network via e-mail.</small>			

IMPORTANT — ARAG WILL REPORT YOUR TAX INFORMATION TO THE IRS ACCORDING TO YOUR W-9 INFORMATION ON FILE. IN ORDER TO CHANGE YOUR TAX INFORMATION, YOU WILL NEED TO FAX YOUR CURRENT W-9 TO 515-246-8710.

CLAIM INFORMATION <small>PLEASE FOLLOW THE INSTRUCTIONS ON THE BACK OF THIS CLAIM FORM TO COMPLETE THIS SECTION.</small>						
FIRST CONTACT DATE	LEGAL MATTER (SEE BACK FOR CODE)	SERVICE PROVIDED (SEE BACK)	DATE SUIT (OR CHARGES) FILED	FLAT FEE / HOURS BILLED (ATTACH STATEMENT)	STATUS C (COMPLETED) P (PENDING) T (TERMINATED) R (REFERRED*)	REASON FOR REFERRED*/PENDING *REFERRED OR CHANGE OF ATTORNEY
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By submitting this claim, I certify I agree to the terms of the current Network Attorney Agreement.

PLEASE TYPE FOR FASTER PROCESSING
 Mail completed claim form to ARAG®, P.O. Box 9171, Des Moines, IA 50306-9171

EASY TO FOLLOW INSTRUCTIONS ON HOW TO FILE A CLAIM

Member ID Number

1. Complete all blanks in the Plan Member and Client Information section. The plan member's name and Member Identification Number must appear on the first line (**required for processing**). The address and phone number of the plan member are also required. If the client is someone other than the plan member, the client's name must appear in the appropriate box along with their birthdate and relationship to the plan member. If the client is over 18 years of age and a student, the name and address of the school they attend must be indicated. Finally, the **client** or plan member must sign and date in the appropriate place.
2. Complete all blanks in the *Claim Information* section. Indicate the date of the first contact with the attorney (either by phone or in-person). Enter the code which corresponds to the type of legal matter and the level of service rendered (see information below - **required for processing**). Be sure to include the number of hours, if not a flat fee amount billed by the attorney and the amount being claimed (**required for processing**). Use only one line per legal matter. **A bill from the attorney must always accompany this form.**
3. If an ARAG Network Attorney provided services, please have that attorney complete all blanks in the *Provider Billing Information* section. The provider's Social Security number and provider tax payer information are **required to process a claim**. It is the Network Attorney's obligation to submit a claim within 120 days after the completion of the legal service to be entitled to payment. If using a NON-Network Attorney, do not complete this section, simply enclose the itemized bill from your attorney with this form.
4. Please refer to plan updates or a Certificate of Insurance for the benefits available under each plan and/or call us at 800-247-4184 Monday through Friday, 7:00 a.m. - 7:00 p.m. Central time.

Legal Matter Codes

No policy entitles a plan member to all of the benefits described below. Please indicate the appropriate code(s) in the *Claim*

	Compliance Issues		Financial/Tax Issues
01-01	Administrative — DMV excluding DWI	21-01	IRS Audit Protection
01-02	Administrative — DMV including DWI	21-02	IRS Collection Defense
01-03	Administrative — Immigration		
01-04	Administrative — Social Security, Medicaid, Veterans		Personal Property Issues
01-05	Administrative — Zoning and Building	11-01	Civil Damage Defense (except involving motorized vehicles)
01-06	Administrative — Other	11-06	Civil Action — Plaintiff
		11-07	Civil Action — Defendant
		25-16	Personal Property Disputes
	Consumer Protection Issues		
03-02	Chapter 13 Bankruptcy		Real Property Issues
03-03	Chapter 7 Bankruptcy	25-10	Real Property Leasing Matters (tenant only)
05-05	Consumer Protection — Defendant	25-13	Neighbor Dispute
05-06	Consumer Protection — Plaintiff	25-21	Real Property Protection
05-13	Consumer Debt Defense	26-01	Purchase of Primary Residence — Construction
05-22	Lease Application (lessee only)	26-02	Deed
05-26	Promissory Note	26-03	Mortgage
05-29	Bill of Sale (non-real estate)	26-04	Purchase of Primary Residence
05-30	Affidavit	26-05	Sale of Primary Residence
05-31	Installment Sale Contract	26-06	Refinance of Primary Residence
05-32	Warranty		
	Criminal Matters		Traffic Matters
06-01	Felony	29-01	Defense of DWI
07-01	Expungement	29-02	Traffic Violation excluding DWI
08-01	Habeas Corpus	29-03	Traffic Violation including DWI
09-01	Misdemeanor		
22-01	Juvenile Court — Felony		Wills and Estates
22-02	Juvenile Court — Misdemeanor	15-10	Probate
22-03	Juvenile Court — Parental Responsibility	28-01	Protection of Inheritance Rights
		30-01	Irrevocable Trust — other
	Family Law	30-02	Irrevocable Insurance Trust
02-01	Contested Adoption	30-03	Revocable Trust
02-02	Uncontested Adoption	31-04	Complex Will
13-01	Contested Divorce, Separation, Annulment	31-06	Standard Will
13-06	Uncontested Divorce, Separation, Annulment	31-21	Codicil
16-10	Enforcement of a Final Decree — Plaintiff	31-22	Living Will
16-11	Enforcement of a Final Decree — Defendant	31-23	Power of Attorney
16-12	Motion to Modify — Defendant		
16-13	Motion to Modify — Plaintiff		
18-01	Contested Guardianship/Conservatorship		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.
18-02	Uncontested Guardianship/Conservatorship		
19-01	Insanity/Infirmity Defense		
23-01	Name Change		
24-01	Prenuptial Agreement		

Level of Service Provided Codes

If you are an ARAG Network Attorney, please refer to the plan member's Plan Description to find the appropriate "Legal Matter" and "Service Provided" codes for the matter (and enter those codes in the "Legal Matter" and "Service Provided" columns respectively); and refer to the Attorney Reimbursement Fee Schedule to find and indicate the fee for the service provided (and enter the amount in the column "Flat Fee/Hours Billed").

Plan members using a Non-network Attorney need to refer to the list of codes above and provide information to the necessary parties for completing the *Claim Information* section under the *Service Provided* column of the claim form.