

## Wellness Benefit Instructions:

The following reflects the wording similar to your brochure and policy: Please check your policy for exact wording.

**“WELLNESS BENEFIT – Pays usual and customary charges not to exceed \$50.00 for the following Wellness benefits, which are performed 90 days or more after the effective date of the policy: Flexible Sigmoidoscopy, Pap Smear (Test Only), Chest X-Ray, Hemocult Stool Specimen, Colonoscopy, CA 125 (Blood Test for Ovarian Cancer), PSA (Blood Test for Prostate Cancer), Serum Protein Electrophoresis, Mammogram. The maximum benefits for this provision is \$50.00 per calendar year per covered person.”**

### NO CLAIM FORM NECESSARY

You are advised to make copies of all forms (very important).

Write your policy number or Social Security number on the statement and mail directly to Life of Alabama. If you are submitting a wellness claim on spouse or child, be sure to write your name and policy number or Social Security number on the statement and a note stating who the person is that had the wellness test. You are the Insured, and your spouse and children are covered dependents. You, the insured must submit the claim for all family members, and all proceeds are paid directly to you, the insured.

If you are faxing statements, please make sure that the documents being faxed will deliver a legible fax. Red ink, other lighter colored inks, and penciled text produce a poor unusable fax. Since the company can only use legible documents to process your wellness claim, mailing claims has proven to be best way to transmit your claims.

Life Insurance Company of Alabama  
Attn: Cancer Claim  
P. O. Box 349  
Gadsden, AL 35902

Fax: 1-256-549-0070  
(claims department)

For questions call: 1-800-226-2371 Email: [claims@licoa.com](mailto:claims@licoa.com)