

VB Assignment of Benefits



Policy Owner's Name _____ Policy Number _____

(If this is a name change, provide a copy of an updated driver's license, government issued ID, marriage license or divorce decree.)

I, _____, being the recipient of benefits of the above policy, hereby instruct ManhattanLife to pay the below providers by check*.

Date of Service _____ Provider's Name _____

Date of Service _____ Provider's Name _____

Date of Service _____ Provider's Name _____

Date of Service _____ Provider's Name _____

This is a direct assignment of my rights and benefits under this policy for the medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the services rendered.

Any Person, who with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. (See State Specific Fraud Warning Statements on page 2)

Printed Name of Owner

Signature of Owner

Date

*Checks will be made out and mailed to the address on the UBo4 or HCFA received.