



AF™ Accident Only Insurance

Prepare for the unexpected.

You cannot plan for when an accident will happen, but you can plan for unexpected medical expenses. AF™ **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident expenses. Start providing financial protection today if an accident suddenly occurs.

*An **Accident** is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause.*

EMERGENCY ACCIDENT

Hypothetical Example ¹

Twisted knee in the parking lot resulting in a torn meniscus and treatment is received within 72 hours.

	ENHANCED	ENHANCED PLUS
Accident Emergency Treatment	\$200	\$250
Accident Follow-up Treatment (4 visits)	\$200	\$200
Physical Therapy (8 treatments)	\$200	\$200
Medical Imaging	\$200	\$200
X-Ray	\$100	\$150
Appliances	\$100	\$100
Surgical Facility	\$250	\$350
Torn Knee Cartilage Repair	\$500	\$500
Anesthesia	\$200	\$250
TOTAL	\$1,950	\$2,200

Benefits for Policy and Enhancement Rider

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

BASIC	PRIMARY	SPOUSE	CHILD
Common Carrier	\$50,000	\$50,000	\$25,000
Other Accident	\$15,000	\$15,000	\$7,500
Dismemberment	\$1,000 to \$15,000	\$1,000 to \$15,000	\$500 to \$7,500
ENHANCED	PRIMARY	SPOUSE	CHILD
Common Carrier	\$100,000	\$100,000	\$50,000
Other Accident	\$30,000	\$30,000	\$15,000
Dismemberment	\$1,500 to \$30,000	\$1,500 to \$30,000	\$750 to \$15,000
ENHANCED PLUS	PRIMARY	SPOUSE	CHILD
Common Carrier	\$200,000	\$200,000	\$100,000
Other Accident	\$60,000	\$60,000	\$30,000
Dismemberment	\$2,000 to \$60,000	\$2,000 to \$60,000	\$1,000 to \$30,000

¹Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258 Series.

AMERICAN FIDELITY 
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Schedule of Benefits for Policy and Enhancement Rider

ACCIDENT BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
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EMERGENCY ACCIDENT TREATMENT

Accident Emergency Treatment	\$150	\$200	\$250
Emergency Accident Follow-up Treatment (up to four treatments)	\$50	\$50	\$50

NON-EMERGENCY ACCIDENT TREATMENT

Non-Emergency Accident Initial Treatment	\$75	\$100	\$125
Non-Emergency Accident Follow-up Treatment (up to two treatments)	\$50	\$50	\$50

MEDICAL IMAGING

MRI, CT, CAT, PET, US	\$200	\$200	\$200
X-Rays	\$50	\$100	\$150

HOSPITAL CONFINEMENT

Hospital Admission	\$500	\$1,000	\$1,500
Intensive Care Unit (up to 15 days)	\$300	\$600	\$900
Hospital Confinement (up to 365 days)	\$100	\$200	\$300

AMBULANCE

Ground	\$300	\$300	\$300
Air	\$1,500	\$1,500	\$1,500

TREATMENT

Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250	\$350
Anesthesia	\$150	\$200	\$250

TRANSPORTATION BENEFITS

Transportation Patient only, per round trip for up to 3 round trips per calendar year	\$300	\$300	\$300
Family Member Lodging and Meals Per day per accident; up to 30 days per confinement	\$100	\$100	\$100

MONTHLY PREMIUMS For Policy And Benefit Enhancement Rider**	BASIC	ENHANCED	ENHANCED PLUS
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Individual	\$19.90	\$26.10	\$33.40
Individual & Spouse	\$28.30	\$34.90	\$41.90
Individual & Child(ren)	\$31.50	\$41.00	\$51.30
Family	\$39.90	\$49.80	\$59.90

ACCIDENT INJURY BENEFITS	ALL COVERAGE LEVELS
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INJURY TREATMENT

Fractures Benefit Depending on open or closed reduction, bone involved, or chip fracture	\$25 to \$3,000
Lacerations Benefit Not requiring sutures	\$25
Sutured lacerations up to two inches	\$100
Sutured lacerations totaling two to six inches	\$200
Sutured lacerations totaling over six inches	\$400
Appliances Benefit Crutches, leg braces, etc.	\$100
Torn Knee Cartilage or Ruptured Disc Benefit	\$500
Eye Injury Benefit Injury with surgical repair, for one or both eyes	\$250
Removal of foreign body by a physician, for one or both eyes	\$50
Dislocations Benefit Depending on open or closed reduction, with or without anesthesia and joint involved.	\$25 to \$3,000
Concussion Benefit	\$200
2nd & 3rd Degree Burns Skin grafts are 25% of benefit	\$100 to \$10,000
Internal Injuries Benefit Resulting in open abdominal or thoracic surgery	\$1,000
Paralysis Benefit: Paraplegia / Quadriplegia	\$5,000 / \$10,000
Tendons, Ligaments, and Rotator Cuff Benefit One tendon, ligament, or rotator cuff	\$500
More than one tendon, ligament, or rotator cuff	\$750
Blood, Plasma, and Platelets Benefit	\$250
Exploratory Surgery without Surgical Repair Benefit	\$250
Physical Therapy Benefit Per treatment up to eight treatments	\$25
Prosthesis Benefit	\$500
Emergency Dental Work Benefit Broken teeth repaired with crown	\$150
Extraction of broken teeth (regardless of number)	\$50

**The premium and amount of benefits provided vary based upon the plan selected.

A Covered Person (thereafter referred to as "Person") under AF™ **Limited Benefit Accident Only Insurance** Policy can expect the following benefits when a Covered Accident (thereafter referred to as "Accident") happens. All benefits are paid once per Person per Accident unless otherwise specified. All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. These references are not intended to change or modify any definitions in the AO-03 policy series.

Accident Emergency Treatment Benefit Payable for receiving emergency treatment in a Physician's office or emergency room within 72 hours, including physician fees and emergency services.

Accident Follow-up Treatment Benefit Payable for necessary follow-up treatment of Injuries in addition to the emergency treatment administered within 72 hours for up to four treatments. Not payable for a visit in which a Physical Therapy Benefit or Non-Emergency Follow-up Benefit is paid.

Accidental Death and Dismemberment Benefit The applicable benefits apply when an Accidental Death or Dismemberment occurs within 90 days of an Accident. In the event that Accidental Death and Dismemberment result from the same Accident, only the Accidental Death Benefit will be paid.

Ambulance Benefit If air and ground ambulance transportation is required for the same Accident, only the highest benefit will be paid.

Anesthesia Benefit Pays the amount shown in the Schedule of Benefits for the services of an anesthesiologist for a surgery performed due to an Accident. Hospital Confinement is not required to receive this benefit. We will only pay one Anesthesia Benefit per Person in a 24-hour period even if more than one surgical procedure is performed. This benefit is not payable for local anesthesia.

Appliances Benefit Payable for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs. Not payable for Prosthetic Devices.

Blood, Plasma and Platelets Benefit Payable for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins.

Burns Benefit Payable for 2nd and 3rd degree burns when treated by a Physician within 72 hours.

Concussion Benefit Payable for a Person who sustains a concussion and is diagnosed by a Physician within 72 hours using any type of medical imaging.

Dislocations Benefit Amount payable varies by the joint involved, type of treatment, and type of anesthesia. If a Person receives more than one Dislocation in an Accident, we will pay for all Dislocations up to two times the amount shown in the Schedule of Benefits for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit. Benefits are payable only for the first dislocation of a joint which occurs while this policy is in force.

Emergency Dental Work Benefit Payable for repair to natural teeth when treated by a Physician or dentist. Initial dental treatment must be received within 72 hours.

Exploratory Surgery without Surgical Repair Benefit Payable when an exploratory surgical operation without surgical repair is performed.

Eye Injury Benefit Payable for one or both eyes requiring treatment by a Physician due to an Accident.

Family Member Lodging and Meals Benefit Payable for lodging and meals for a family member to be near a Person who is Hospital Confined in a non-local Hospital. The Hospital must be at least 50 miles away, one way from closer of the Covered Person's residence or site of the Accident.

Fractures Benefit Varies based on the bone involved, type of fracture and type of treatment. If the Person fractures more than one bone, payment is made for all fractures up to two times the amount for the bone involved that has the highest benefit amount.

Hospital Admission Benefit Pays per admission for confinement to a Hospital. This benefit does not pay for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit.

Hospital Confinement Benefit Pays a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 days.

Intensive Care Unit Benefit Payable for each day of confinement in an Intensive Care Unit, as defined in the policy, up to 15 days. This benefit is paid in addition to the Hospital Confinement Benefit amount.

Internal Injuries Benefit Payable for an open abdominal or thoracic surgery performed within 72 hours.

Lacerations Benefit This benefit varies based on the severity of the laceration due to an Accident.

Medical Imaging Benefit Payable for a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, a Computed Axial Tomography (CAT) scan, a Positron Emission Tomography (PET) scan or an ultrasound due to an Accident.

Non-Emergency Accident Initial Treatment Benefit Payable for initial medical treatment when treatment is received more than 72 hours after the Accident. Initial medical treatment must: (1) be received in a Physician's office or emergency room; and (2) be the first treatment; and (3) occur within 30 days.

Non-Emergency Accident Follow-up Treatment Benefit Payable only if the Non-Emergency Accident Initial Treatment Benefit is payable and later requires additional follow-up treatment. We will pay for up to two follow-up treatments. Not payable for the same visit that the Physical Therapy Benefit or the Accident Follow-up Benefit is paid.

Outpatient Hospital or Ambulatory Surgical Center Benefit When a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center, we will pay the indemnity amount shown in the Schedule of Benefits for the facility fee charged by such Hospital or Ambulatory Surgical Center. We will only pay one Outpatient Hospital or Ambulatory Surgical Center Benefit in a 24-hour period even if more than one surgical procedure is performed. This benefit will not be paid for surgery performed in a Hospital emergency room or in a Physician's office.

Paralysis Benefit The duration of the Paralysis must be a minimum of 3 consecutive months. Paid once per lifetime per Person.

Physical Therapy Benefit Payable for one treatment per day for up to eight treatments by a caregiver licensed in physical therapy. This benefit is not payable for the same visit that the Accident Follow-up Treatment Benefit or Non-Emergency Follow-up Benefit is paid.

Plan Highlights (cont.)

Prosthesis Benefit Payable for the use of a Prosthesis. This benefit is not payable for hearing aids; dental aids; eyeglasses; false teeth; cosmetic aids such as wigs ; or joint replacements such as artificial hips or knees.

Tendons, Ligaments and Rotator Cuff Benefit Payable for the repair of one or more tendons, ligaments, or rotator cuffs. The tendons, ligaments, or rotator cuff must be repaired through surgery performed by a Physician, as a result of an Accident.

Torn Knee Cartilage or Ruptured Disc Benefit Payable for surgical repair as a result of an Accident.

Transportation Benefit Payable for the transportation when specialized treatment and Hospital Confinement in a non-local Hospital is required. A non-local Hospital must be at least 50 miles away, one way, using the most direct route, from the closer of the Person's residence or site of the Accident. Travel must be by scheduled bus, plane, train, or by car. Ambulance service does not qualify for this benefit. The treatment must be prescribed by a Physician and not be available locally. This benefit is payable up to three round trips per Calendar Year.

Limitations and Exclusions For Policy and Benefit Enhancement Rider

No benefits will be provided for an Accident that is caused by or occurs as a result of:

- (1) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (2) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
- (3) any act that was caused by war, declared or undeclared, or service in any of the armed forces;
- (4) participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions;
- (5) participation in, or attempting to participate in, a felony, riot or insurrection. (A felony is as defined by the law of the jurisdiction in which the activity takes place.)
- (6) participation in any sport for pay or profit;
- (7) participation in any contest of speed in a power driven vehicle for pay or profit;
- (8) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

Benefits will not be provided for medical treatment for an Accident received outside the United States or its territories. Benefits will not be paid for services rendered by a member of the immediate family of a Person.

An Accident is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause. The policy will not pay benefits for injuries received prior to the Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Effective Date.

A hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Eligibility includes you, your lawful spouse and each unmarried natural, adopted or step child who is under 26 years of age.

Termination Notice

Policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than Individual the remaining Covered Persons may have the right to continue or convert their coverage. Coverage for any Covered Person will terminate when they no longer meet the eligibility requirements.

Refer to Plan Benefit Highlights section for more Benefit Descriptions on the Accident Only Insurance Policy and Benefit Enhancement Rider.

This brochure contains a brief description of the coverage. For complete benefits, limitations, exclusions and other provisions, please refer to the policy, AO-03, and Accident Only Benefit Enhancement Rider, AMDI-258 series. This coverage does NOT replace Workers' compensation Insurance. Availability of riders may vary by employer. This product is inappropriate for people who are eligible for Medicaid coverage.



American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • americanfidelity.com

Enhance Your Plan

Optional Accident Disability Income Rider

This rider covers you 24-hours a day and pays a Monthly Benefit Amount if you become Totally Disabled due to Injuries received in a Covered Accident after satisfying the Elimination Period you choose at time of application.

COVERAGE OPTIONS

MONTHLY BENEFIT AMOUNT	ELIMINATION PERIOD	COVERAGE OPTIONS
\$1,500	0 Days or 14 Days	Individual or Individual & Spouse

MONTHLY PREMIUMS

ELIMINATION PERIOD	INDIVIDUAL	INDIVIDUAL & SPOUSE
0 Days	\$18.76	\$30.46
14 Days	\$12.46	\$20.26

Summary of Accident Disability Income Rider Benefits

- To be eligible for this coverage, the Monthly Benefit Amount cannot exceed 60% of the Primary Insured's monthly salary.
- The maximum period of time that benefits will be paid for one period of Total Disability due to a Covered Accident is 12 months.
- Total Disability must begin within 90 days after such Covered Accident.
- If you choose to extend coverage to a Spouse, the Spouse's Monthly Benefit Amount is 50% (\$750) of the Primary Insured's Benefit Amount. The spouse must be covered under base policy (AO-03 Series).
- This rider is available to you and your spouse when coverage is purchased under our Limited Benefit Accident Only policy.

Accident Disability Income Rider

An Accident is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause. This policy will not pay benefits for Injuries received prior to the Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Effective Date.

Limitations and Exclusions

No benefits will be provided if the Covered Person becomes totally disabled due to an Accident that is caused by or occurs as a result of: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft; any act that was caused by war, declared or undeclared, or service in any of the armed forces; participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.); participation in any sport for pay or profit; participation in any contest of speed in a power-driven vehicle for pay or profit; participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

Benefits will not be paid for services rendered or Total Disability verified by a member of the immediate family of a Covered Person. Benefits will not be provided for medical treatment or Total Disability for an Accident received outside the United States or its territories. Benefits provided by the Accident Disability Income Rider will only be paid for one disability at a time, even if the Covered Person becomes Totally Disabled due to more than one injury or more than one Covered Accident. Benefits are not payable due to an accident occurring during any period of time the Covered Person is incarcerated in any type of penal institution or due to an Accident that occurs while the Covered Person is incarcerated in any type penal institution.

The **Covered Person** must be age 69 or under; and Total Disability must begin within 90 days of the Covered Accident. For Covered Persons with full-time employment, Totally Disabled (Total Disability) means the Covered Person is unable to perform the material and substantial duties of his or her occupation due to injuries received in a Covered Accident. Full-time employment means the Covered Person works at a job an average of 15 or more hours per week for wages or benefits.

For Covered Persons without full-time employment, Totally Disabled (Total Disability) means that, due to Injuries received in a Covered Accident, the Covered Person is unable to safely perform two or more Activities of Daily Living without another person's stand-by assistance or verbal cueing. The inability to perform a task must be generally recognized by the medical profession as a consequence of the disabling Accident. Activities of Daily Living, as defined in the rider, are: Continence; Transferring; Dressing; Toileting; and Eating. The Covered Person also must be under the Regular Care and Attendance of a Physician for the Covered Person's condition.

If a break in Total Disability occurs during the Elimination Period without the Elimination Period being satisfied, no benefits will be considered for losses that recommence beyond the first 90 days following the Covered Accident.

The Maximum Benefit Period is the maximum number of months for which benefits will be paid for any one period of Total Disability or Successive Disability. Each new Maximum Benefit Period will require the satisfaction of a new Elimination Period.

Termination Notice

Policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than Individual the remaining Covered Persons may have the right to continue or convert their coverage. Coverage for any Covered Person will terminate when they no longer meet the eligibility requirements.

*Rider(s) are subject to our general underwriting guidelines and coverage is not guaranteed. Guaranteed Renewable until the primary insured reaches age 70. Rider availability may vary by state. This insert must be used with applicable SB-26051 series brochure. This product may contain limitations exclusions and waiting periods. The company reserves the right to change premium rates by class. **This product is inappropriate for people who are eligible for Medicaid coverage.***



American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • americanfidelity.com

REQUEST FOR ACCIDENT
ONLY WELLNESS BENEFITS



ATTN: AFES BENEFITS DEPT.
P.O. Box 25160
Oklahoma City, Oklahoma 73125
Toll Free: 1-800-662-1113
Fax: 1-800-818-3453
www.afadvantage.com

INSTRUCTION TO INSURED

1. Complete **STATEMENT OF INSURED**.
2. Please attach **bill, receipt, or evidence of the test**. Submitted evidence must include the name of the test and the date of service.
3. **Be sure to include your account number or Social Security number on all documents.**
4. Fax or mail the completed claim form.

STATEMENT OF INSURED

1. INSURED FULL NAME _____ Account No. _____
(Please Print) (Last) (First) (M.I.)
Date of Birth ____/____/____ Insured Social Sec. # ____-____-____
(MO) (Day) (YR)

2. Address _____
(Street) (City) (State) (Zip Code)

3. If claim is for dependent, give name of dependent _____ Relationship _____
Date of Birth ____/____/____
(Mo) (Day) (YR)

WELLNESS BENEFIT: After coverage has been in force for 12 months if, due to routine examinations or preventive testing, you or any other Covered Person has an annual physical exam, including immunization(s), we will pay the amount shown in the Schedule of Benefits. This benefit does not cover dental exams or eye exams. The amount shown in the Schedule of Benefits is the total amount that will be paid for this benefit once per Calendar Year per policy. Services must be under the supervision of a Physician and a charge must be incurred for the service.

DIRECT DEPOSIT AUTHORIZATION

Please complete if you desire benefits deposited directly into your bank account.

I authorize AFAC to initiate credit entries to my account at the depository named below. This authorization is to remain in force and effect until AFAC receives written notification from me of its termination in such time and in such manner as to afford AFAC and the Depository opportunity to act on it.
This authorization applies to benefits payable under all insurance policies held with AFAC.

Signature: _____

NOTE: You must attach a voided check to begin direct deposit.

Warning: Any person who knowingly and with intent to injure, defraud, or deceive an insurer files a statement of claim containing any false, incomplete, or misleading information may be guilty of insurance fraud and subject to criminal and civil penalties.

California - For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

AR, DC, LA, MD, NJ, NM, TX, and WV - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

DE, ID, IN, MN, OH, and OK - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

New Hampshire - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Kentucky - Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Oregon - Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be guilty of insurance fraud.

Pennsylvania - 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.

Arizona - For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Florida - Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii - For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.