



## Dependent Verification Claim Initiation Form

To make an official claim under the ConocoPhillips "claims procedures," as defined under Section 503 of ERISA (Employee Retirement Income Security Act), you must complete and return all pages of this form, including all documentation you feel supports your claim to Claims and Appeals Management.

**Please DO NOT fax this form to the Dependent Verification Center.**

Keep a copy of this form for your records. Then, mail or fax all pages of this original form (not a copy) along with any documentation to:

**FAX: 1-847-554-1311**

(Outside the United States, use +1-847-554-1311)

**Total Number of Pages Faxed:** \_\_\_\_\_

***Mail:***

Claims and Appeals Management

P.O. Box 1417

Lincolnshire, IL 60069-1417

When faxing your information, do **not** include a cover sheet. Only fax this form, followed by any documentation.

## Claim Information

*This Claim is for:*

Name: \_\_\_\_\_  
*Last Name First Name Middle Initial*

Address: \_\_\_\_\_  
*Street or P.O. Box*

\_\_\_\_\_  
*City State Zipcode*



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## Claims Procedure

Normally, the Claims and Appeals Management Team will process your claim within a reasonable period of time after receiving this form.

The Claims and Appeals Management Team will send you a written notice of its determination of your claim. You will receive this written notice within a 30-day time period.

If the Claims and Appeals Management Team denies your claim, the written notice will provide you with the information required by ERISA.

If the Claims and Appeals Management Team needs additional time to process your claim, you will receive a written notice of the need for an additional 15 days to process your claim, the reasons for the longer period, and a date on which you can expect your claim to be processed. The written notice of a longer processing period will be sent to you within the original time period the Claims and Appeals Management Team had to process the claim under ERISA.

## Acknowledgment and Signature

By my signature below, I formally file a claim under the Plan identified above. I further acknowledge by my signature that I have reviewed and understand the information contained in this form, the information contained in the summary plan description for the aforementioned Plan, and any other Plan-related information previously provided to me. I also understand that any rights under such plan are governed by the claims procedures of the Plan.

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*Signature*

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*Date*

## For More Information

If you need additional information, contact the Dependent Verification Center toll free at **800-622-5501 or 718-354-1344**. Representatives are available from 8 a.m. and p.m., Central Time, Monday through Friday.