

Accident & Sickness

Claim Form & Claimant's Statement

PARTICIPANT'S INFORMATION:

Plan Number: _____
Name: _____ Date of Birth: ___/___/___
Home Phone #: (_____) _____ Cell #: (_____) _____
Email Address: _____ Work Phone: (_____) _____
Address: _____ City: _____ State: _____ Zip Code: _____
Please advise if you wish to be contacted via e-mail or regular mail: _____

TRAVEL INFORMATION:

Date Travel Arrangements were made: ___/___/___ Date of initial payment deposit: ___/___/___
Scheduled Date of Departure: ___/___/___ Scheduled Date of Return: ___/___/___

OTHER COVERAGE / AUTHORIZATION:

Do you have any other type of coverage? _____
If so, please provide the Company Name and Address: _____
Type of Policy: _____ Policy #: _____ Contact: _____ Phone: (_____) _____
Have you filed a claim with their office at this time? : Yes No
If yes, please note their response: _____
If not, why not: _____

ILLNESS/ACCIDENT STATEMENT:

Name of person having sickness or injury: _____ His / Her date of birth: ___/___/___
Date Sickness or Injury began: ___/___/___ Date First Treated: ___/___/___
Nature of Sickness or Injury (If Injury, describe accident, including date and place): _____

Period of hospitalization: From ___/___/___ To: ___/___/___ Date ended: ___/___/___
Was there an accident report for this incident? _____ If Yes, please provide a copy.
Was there any previous treatment for this condition? _____ If Yes, please names of physician and dates of treatment:

FRAUD STATEMENTS – If you reside in the state of:

General: 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.

District of Columbia: 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.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

California: For your protection California law requires the following to appear on this form. Any person who knowingly presents a 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.

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

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Missouri: An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.

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.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.

Washington: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law."

All Other States: 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/or civil penalties.