

Fairmont

UNITED STATES FIRE INSURANCE COMPANY

Specialty

a division of **Crum Forster**

MAIL TO:
Administrative Concepts, Inc.
994 Old Eagle School Road
Suite 1005
Wayne, PA 19087-1802
www.visit-aci.com

K-12 ACCIDENT INSURANCE CLAIM FORM

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person submits an insurance application or statement of claim containing any materially false, incomplete or misleading information may be committing a crime and may be subject to civil or criminal penalties.

School District _____ School Name _____

CLAIMANT INFORMATION (must be completed)

Student's Name _____ Social Security Number _____
Last Name First Name M.I.

Current Home Address _____
Number and Street City State Zip Code Phone Number

Date of Birth _____ Male Female Grade _____

Date & time of injury _____ Nature of injury _____ Date of 1st treatment _____

Was the Student involved in a school sponsored and supervised activity at the time of injury? No Yes

If yes, under whose supervision? _____ Was He/She a witness? No Yes

If athletic, did the injury occur during: PE class Intramurals Game Practice Other _____

Type of Sport (if applicable) _____ Describe how and where accident occurred: _____

The following must be completed by school official if injury occurred during school activity

Printed Name of School Official _____ Title _____

School Official's Signature _____ Phone No. _____

PARENT (OR GUARDIAN) INFORMATION (must be completed)

Name of Mother _____

Name of Father _____

Home Address _____
Street City State Zip

Home Address _____
Street City State Zip

Home Phone no. _____

Home Phone No. _____

Employer Name _____

Employer Name _____

Employer Address _____
Street City State Zip

Employer Address _____
Street City State Zip

Employer Phone No. _____

Employer Phone No. _____

Is student covered under any other insurance policy(s)? No Yes If yes, please provide the following:

Name of Carrier _____ Policy No. _____ Name of Policyholder _____

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If other insurance exists, all claims must be submitted to the other insurance policies first. A copy of the itemized bills along with the other carrier's corresponding Explanation of Benefits should then be submitted for consideration.

PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE (HOSPITAL, PHYSICIAN AND OTHERS), UNLESS A PAID RECEIPT OR STATEMENT ACCOMPANIES THE BILL AT THE TIME THE CLAIM IS SUBMITTED.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize Fairmont Specialty or their representative, to inspect or secure copies of case history records, laboratory reports, diagnosis, prognosis, x-rays, and any other data covering this and/or previous confinements and/or disabilities. A photo static copy of this authorization shall be deemed as effective and valid as the original.

X _____
Signature of Parent/Guardian or Student (if 18 years or older)

DATE _____

ITEMIZED BILLS FOR ALL MEDICAL EXPENSES MUST BE ATTACHED

The laws of some states require us to furnish you with the following notices:

WARNING. Any person who knowingly:

Alaska: and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona and Arkansas: presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or **specific to AR:** presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California , Louisiana, New Mexico and Texas : presents a false or fraudulent claim for the payment of a loss or benefit (or **specific to LA and TX:** who knowingly presents false information on an application for insurance) is guilty of a crime and may be subject to fines and confinement in state prison, (or **specific to NM:** to civil fines and criminal penalties.)

Delaware: and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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

Idaho and Indiana: and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky, New York and Pennsylvania: and with intent to defraud any insurance company or other person files an application for insurance, or 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, **specific to PA:** subjects such person to criminal and civil penalties and **specific to NY:** 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.

New Jersey: files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

WARNING:

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.

District of Columbia, Tennessee and Virginia : It is a crime to knowingly provide false, incomplete or misleading information to an insurer or insurance company for the purpose of defrauding the insurer or insurance company, (or **specific to DC:** any other person.) Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Maine: 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.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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.