

**Administrative Concepts Inc.**  
P.O. Box 4000  
Collegeville, PA 19426-9000  
  
Fax No. (610) 293-9299

**CLAIM FORM**

Name of original Policyholder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Certificate Holder: \_\_\_\_\_ S.S.No.: \_\_\_\_\_ Effective date of insurance: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_ Occupation (if applicable): \_\_\_\_\_

Name of Claimant: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.S.No.: \_\_\_\_\_ Is Claimant a Full-time Student?  No  Yes

Address (if different): \_\_\_\_\_

\_\_\_\_\_

**CLAIM WILL BE RETURNED IF THIS SECTION IS NOT FULLY COMPLETED**

1. Date of injury or beginning of sickness: \_\_\_\_\_ When was the physician first consulted?: \_\_\_\_\_

2. Nature of injury or sickness: \_\_\_\_\_

3. If injury, describe how and where the accident occurred: \_\_\_\_\_

\_\_\_\_\_

4. Have you suffered same or similar conditions before?  No  Yes If yes, and you were previously treated, dates treated: \_\_\_\_\_

Name and address of physician(s) who treated you: \_\_\_\_\_

5. If hospitalized at the time, date confined to hospital: \_\_\_\_\_

Name and address of hospital: \_\_\_\_\_

Do you have other insurance that covers your condition (group, individual, automobile, medical, or liability)?  No  Yes

If yes, who is the Holder of the Policy?  Self  Parent  Spouse

Give name of company: \_\_\_\_\_

If covered under Parent's/Spouse's Insurance or if privately insured, please include the following information: \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_ Phone No. of Insurance Co. \_\_\_\_\_

Parent's/Spouse's Name (Holder of Policy): \_\_\_\_\_ S.S. No. \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

**IMPORTANT: THIS FORM MUST BE COMPLETED AND RETURNED TO THE COMPANY WITHIN 90 DAYS FROM THE DATE OF TREATMENT ACCOMPANIED BY ALL BILLS INCURRED TO THAT DATE. PLEASE ATTACH ITEMIZED BILLS.**

**AUTHORIZATION:** I hereby authorize Starr Indemnity & Liability Company or it's 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 or disabilities. A photostatic copy of this authorization shall be deemed as effective and valid as the original.

SIGNATURE OF CLAIMANT (OR LEGAL GUARDIAN): \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

## **IMPORTANT NOTICE - FRAUD WARNING:**

### **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, Arkansas and Rhode Island:** presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or specific to AR and RI: 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, Texas and West Virginia:** presents a false or fraudulent claim for the payment of a loss or benefit (or specific to LA, TX and WVA: 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 insurer, files a statement of claim or application containing any 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.

**Maryland:** and willfully presents a false or fraudulent claim for payment of 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 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.

**Oregon:** makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**Puerto Rico:** and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

### **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/Washington:** 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.

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