

2023-24

# Student Accident Claim Form

## Please Read Instructions On The Next Page Before Completing

<p><b>SEND ALL FORMS TO: CLAIMS ADMINISTRATOR Bollinger Specialty Group P.O. Box 1346 Morristown, NJ 07962 or email to: BollingerSchoolClaims.GBS@AJG.com</b></p>
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1. School District or Diocese:	2. School Within District or Parish Child Attends:	3. Master Policy No.:
4. Claimant's Last Name:	First Name:	5. Date of Birth:
6. Telephone:	7. Home Address:	8. City/State/Zip Code:
9. Personal Email Address of Parent or Guardian:		

**10. Check activity in which student was involved when injured:**

- A.  Interscholastic Sports \_\_\_\_\_  
Name of Sport
- B.  Cheerleading     Twirling or Flagwaving     Band Member
- OR:
- 01  Physical Ed. Class    04  To and From School    07  Extra Curr. Activity ON Premises  
02  Classroom or Hallway    05  Group Travel    08  Extra Curr. Activity OFF Premises  
03  Playground (NOT Phys. Ed.)    06  Non-School Activity (24 Hr. Plan)    09  Spectator

Was School in Session? YES  NO  Starting Time \_\_\_\_\_ Dismissal Time \_\_\_\_\_

11. Date of Accident:	12. Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	13. How Did Accident Occur?
14. Where Did Accident Occur?		15. Part of Body Injured:

16. I certify that the activity checked above is school sponsored and supervised and is covered under a policy applied for and purchased by the policyholder.

Signature of School Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### AUTHORIZATIONS AND STATEMENT OF OTHER INSURANCE MUST BE COMPLETED BY PARENT OR GUARDIAN

<p>MEDICAL AUTHORIZATION: I authorize the release of any medical or other information necessary to process this claim, including all data covering this and/or previous confinements and/or disabilities.</p> <p>SIGNED _____ DATE _____</p>	<p>PAYMENT AUTHORIZATION: I authorize payment of medical benefits directly to the providers rendering services.</p> <p>SIGNED _____ DATE _____</p>
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1. Parent/Guardian Name:	2. Name and Address of Employer:
3. Parent/Guardian Name:	4. Name and Address of Employer:
<p>5. <input type="checkbox"/> No, we do not have any personal or group medical insurance. I have enclosed a letter from my employer verifying this.</p> <p><input type="checkbox"/> We have no other insurance. We are (please check one):    <input type="checkbox"/> Self-employed    <input type="checkbox"/> Unemployed    <input type="checkbox"/> Disabled</p> <p><input type="checkbox"/> Yes, we do have other insurance. (Please complete #6).</p> <p><input type="checkbox"/> <b>We have a government funded plan (Medicaid, Tricare, etc.).</b> If you have Medicaid, please supply us with a copy of your card.</p>	

6. Names of other Insurance Companies	Address

I hereby certify, swear and affirm that the information given above is true and accurate. I fully understand that any willful misrepresentation made by me in an attempt to collect benefits under this policy constitutes fraud and is punishable by law.

Parent or Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PARENTS: PLEASE READ ALL INSTRUCTIONS BEFORE FILING A CLAIM:**

1. This low cost policy has restrictions and limitations. Your claim may not be paid in full.
2. A School Official must complete and sign the front section of the claim form for school related injuries only.
3. If this accident is not a school related injury, parent should complete the claim form.
4. You must sign the Medical Authorization portion of the form.
5. Attach itemized bills (CMS-1500 from physicians and UB-04 from hospitals) to the claim form and mail to the PO Box shown below. If you have paid any bills, you must include a receipt(s) or payment will be sent to the provider rendering the service.  
If this is a dental injury, submit an ADA Dental Form J430 or its equivalent for injury related services only along with the claim form and mail to the PO Box shown below.  
**We cannot accept balance due bills, statements, invoices or ledgers.**
6. **MAIL THIS CLAIM FORM TO BOLLINGER SPECIALTY GROUP WITHIN 90 DAYS OF THE DATE OF THE ACCIDENT.**
7. Subsequent bills should be mailed in as you receive them. Please show the student's name, policy number, and date of the accident on all correspondence. An additional claim form is not necessary.
8. Please keep a copy of this Claim Form and all bills for your own records.
9. If you need further information or have any questions, please call 866-267-0092 to speak to one of our highly qualified Customer Service Representatives between the hours of 8 a.m. and 4:15 p.m. E.S.T. Monday - Friday or contact us on our website [www.BollingerSchools.com](http://www.BollingerSchools.com)  
**PLEASE DO NOT CALL THE SCHOOL.**
10. After you have submitted your completed claim form and have received your first Explanation of Benefits from Bollinger Specialty Group, you will now have a claim number and you may go to [www.BollingerSchools.com](http://www.BollingerSchools.com) to enroll and check the status of your claim online.

PLAN ADMINISTRATION AND CLAIM SERVICE BY:

**Bollinger Specialty Group**

A Gallagher Company

P.O. BOX 1346, MORRISTOWN, N.J. 07962  
TELEPHONE 866-267-0092  
FAX 973-921-2876

[www.BollingerSchools.com](http://www.BollingerSchools.com)

## Fraud Warning

Please review the specific fraud warning for your school or college's location prior to signing the attached form or application.

**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 civil penalties.

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Arkansas/Louisiana/Rhode Island/West Virginia:** 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.

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

**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:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or 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.

**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.

**Kansas:** 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 as determined by a court of law.

**Kentucky:** 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.

**Maine/Ohio:** Any person who, with intent to defraud or knowing that he/she 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.

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

**Massachusetts/Vermont:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

**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.

**New Jersey:** Any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

**New Mexico:** 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 civil fines and criminal penalties.

**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.

**North Carolina/Oregon:** 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, may have committed a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

**Oklahoma:** WARNING: Any person who knowingly, 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.

**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 furnishes information verbally or in writing, or offers any testimony on improper or illegal actions which, due to their nature constitute fraudulent acts in the insurance business, knowing that the facts are false shall incur a felony and, upon conviction, shall be punished by a fine of not less than five thousand (5,000) dollars, nor more than ten thousand (10,000) dollars for each violation or by imprisonment for a fixed term of three (3) years, or both penalties. Should aggravating circumstances be present, the fixed 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.

**Texas:** 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.

**Virginia:** Any person who, with the 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 may have violated state law.

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