When completed, return this form to the Plan Administrator:

COMMERCIAL TRAVELERS
LIFE INSURANCE COMPANY
COLLEGE CLAIMS DIVISION
70 GENESEE STREET • UTICA, NEW YORK 13502
1-800-756-3702

Please check the correct Underwriting Company:
❑ Commercial Travelers Life Insurance Company
❑ National Guardian Life Insurance Company

IMPORTANT: Please attach itemized bills. This form MUST be completed in full and returned to the company WITHIN 90 DAYS from the date of treatment accompanied by all itemized bills received to date. Mail to the address shown on this form. Payments will be made to the service provider unless otherwise advised.

Notice: When we are the secondary plan, we do not pay until after the primary plan has paid its benefits if any. We will review Usual & Customary charges of each plan and allow the highest. Any amount paid by your primary plan for an eligible expense under our plan may satisfy all or a portion of our deductible.

CLAIM CANNOT BE PROCESSED WITHOUT THIS INFORMATION

College (or) University		❑ Domestic Student—Soc. Sec. # ❑ International Student—Student ID #			
Student's Name		Policy #		❑ Male ❑ Female	Date of Birth
If Claim for Dependent Give Name and Relationship	Name	Relationship		❑ Male ❑ Female	Date of Birth
Student Mailing Address	Street Address	City	State	Zip	Telephone ( )

1. Date of injury (or) onset of sickness _____ When was physician first consulted? _____

   Nature of illness (or) injury _____ Part of Body Injured: ❑ Right ❑ Left

   If injury, (a) How and where did accident occur? _____

   _____

   (b) Were you practicing or playing any intercollegiate (between rival colleges) sport at the time of the accident? ❑Yes ❑No

   Club Sport? ❑Yes ❑No If "Yes," name sport _____

   (c) IF AN INTERCOLLEGIATE ACCIDENT, THIS FORM MUST BE SIGNED BY THE ATHLETIC DEPARTMENT

   I certify the above accident resulted from the supervised practice or play or travel to and from an intercollegiate sport.

   _____

   Signature of Athletic Department Official Title Date

2. Were you treated and/or referred by the Student Health Service? ❑Yes ❑No If "Yes," date _____

3. Hospital (Give name, address and date of confinement) _____

   _____ From / / To / /

4. Give names, addresses and telephone numbers of all attending physicians _____

   _____ Phone _____

5. Give name, address and telephone number of usual family physician _____

   _____ Phone _____

6. Have you suffered same or similar condition in the past? ❑Yes ❑No If "Yes," and you were treated for it, please give name and address of the physician who treated you _____

   Dates treated _____

   If hospitalized at that time: Name of hospital _____

   Address _____ Dates Confined _____

7. Was injury the result of a motor vehicle accident? ❑Yes ❑No

8. Are you employed full-time? ❑Yes ❑No If yes, Employers Name _____

   Employers Address _____ Employers Phone Number _____

9. _____
   Name of Parent #1 | SS # | Father's Employer-Name | Address | Employer's Phone #

10. _____
    Name of Parent #2 | SS # | Mother's Employer-Name | Address | Employer's Phone #

11. _____
    Spouse's Name | SS # | Spouse's Employer-Name | Address | Employer's Phone #

12. Do you, your spouse or your parents have other insurance or medical plan which covers this condition, either group, individual, automobile, medical or liability?

    ❑ Yes ❑No If so, give name of Company: _____

I hereby authorize any physician, hospital, company, employer, or organization to release any information regarding the medical history, treatment, or benefits payable for this claim, to the Insurance Company checked above or its authorized benefit plan administrator. A photostatic copy of this authorization shall be as valid as the original.

I also authorize the Insurance Company checked above or their representatives to pay all bills in connection with this claim directly to the doctor, hospital or any other persons rendering service, and such payment shall release the Insurance Company from liability as to amounts so paid.

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED ON PAGE 2: Any person who knowingly, and with intent to defraud, injure or deceive any insurance company, files or causes to be filed, a claim for payment of a loss, containing any false or incomplete information commits a fraudulent insurance act that may be a crime and may subject such person to confinement in prison, fines and denial of benefits.

I hereby CERTIFY that I have read the answers to all parts of this form and to the best of my knowledge and belief the information is complete and correct as given herein.

Name of student _____ Date _____

Signature of claimant (parent or guardian if not adult) _____

Student's Address While at School _____
Street City State Zip

AK, CT, DE, HI, IA, ID, IL, IN, MI, MN, MO, MT, MS, NC, ND, NV, SC, SD, UT, WI & WY: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

AL, AR, DC, LA, MA, and RI: 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.

AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CA: 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.

CO: 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."

FL: 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.

GA, NE, KS, OR, TX, VT: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

KY: 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.

ME: 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.

MD: 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.

NH: 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.

NJ: Any person who includes any false or misleading information on an application or statement of claim for an insurance policy is subject to criminal and civil penalties.

NM: 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.

NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for health insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, any 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 $5,000.00 and the stated value of the claim for each such violation.

OH: Any person who, 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.

PA: 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.

OK: 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.

TN: 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.

VA, WA: 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 or a denial of insurance benefits.

WV: 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.