

-PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING-

**SEND ALL FORMS TO
CLAIMS ADMINISTRATOR:
BOLLINGER INC.
PO Box 1346
Morristown, NJ 07962**

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. <input type="checkbox"/> Male <input type="checkbox"/> Female
7. Telephone:		
8. Home Address:	9. City/State/Zip Code:	
10. E-mail address of Parent or Guardian:		

11. Check activity in which student was involved when injured:

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

Was School in Session? YES NO **Starting Time** _____ **Dismissal Time** _____

12. Date of Accident:	13. Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	14. How Did Accident Occur?
15. Where Did Accident Occur?		16. Part of Body Injured:

17. 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 _____

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

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. SIGNED _____ DATE _____	PAYMENT AUTHORIZATION: I authorize payment of medical benefits directly to the providers rendering services. SIGNED _____ DATE _____
1. Father's Name:	2. Name and Address of His Employer:
3. Mother's Name:	4. Name and Address of Her Employer:
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.	
6. <input type="checkbox"/> Yes, we do have other insurance. (Please complete #7).	
7. Names of other Insurance Companies	Address
8. <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	

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** _____

PARENT'S INSTRUCTIONS FOR FILING A CLAIM

1. This low cost policy has restrictions and limitations, and your claim may not be paid in full.
2. A School Official will 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 front of the claim form.
4. You must sign the Authorization at the bottom of the form.
5. Attach itemized bills (CMS-1500 from physicians and UB-04 from hospitals) to the claim form. **We can not accept balance due bills.**
6. **MAIL THIS CLAIM FORM TO BOLLINGER WITHIN 90 DAYS OF THE DATE OF THE ACCIDENT.**
7. Subsequent bills should be sent in as you receive them. Please show the student's name, the policy number, and the date of accident on all of these subsequent bills. An additional claim form is not necessary.
8. If you need further information call 866-267-0092 or contact us on our website at:
www.BollingerSchools.com
9. Please keep a copy of this Claim Form, all bills and primary insurance Explanations of Benefits for your records.

Thank you for your cooperation.

PLAN ADMINISTRATION AND CLAIM SERVICE BY:



Bollinger Specialty Group

BOLLINGER, INC., A SUBSIDIARY OF
ARTHUR J. GALLAGHER & CO.

P.O. BOX 1346, MORRISTOWN N.J. 079626 • TELEPHONE (866) 267-0092

www.BollingerSchools.com

Fraud Warnings Disclosure

Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, TX, VA, VT, WA, and WV.)

In Arkansas, Missouri, Rhode Island, or 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.

In Colorado: 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.

In 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.

In District of Columbia: Warning: 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.

In 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.

In Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, or to or by a broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be subject to criminal and/or civil fines or penalties.

In 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.

In Maine, Tennessee, Virginia, or Washington: It is a crime to knowingly provide false or misleading information, in connection with or in relation to an insurance policy or to the process of determining the amount of a claim. Penalties include imprisonment, fines or denial of insurance benefits.

In **Misconduct**: 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.

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

In **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.

In **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.

In **Oio**: 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.

In **Ohio**: 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.

In **Oregon**: Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In **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.

In **Porto Rico**: Any person who has committed fraud, as defined in the law, shall incur a felony, and if convicted, shall be sanctioned for each violation by a penalty of a fine of not less than five thousand dollars (\$5,000), nor more than ten thousand dollars (\$10,000), or a penalty of imprisonment for a fixed term of three (3) years, or both penalties. If there were aggravating circumstances, the fixed penalty thus established may be increased up to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. In addition to the penalties provided in this chapter, any person who, as a result of the fraud thus committed is benefited in any way to obtain insurance, or in the payment of a loss pursuant to an insurance contract, shall be imposed the payment of restitution of the amount of money resulting from the fraud. Every violation shall have a prescription term of (5) five years.

In **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.

In **Virginia**: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.