

HOW TO FILE YOUR CLAIM:

- 1. Complete this form within 90 days
- 2. Send copy to Risk Management
- 3. Mail completed form to BMI Benefits

BMI Benefits, LLC
 P. O. Box 511
 Matawan, New Jersey 07747
 Phone: 1-800-445-3126 Fax: 732-583-9610

ANY PERSON WHO KNOWINGLY AND/OR WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY OR OTHER PERSONS FILE A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION, MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO CRIMINAL AND SUBSTANTIAL CIVIL PENALTIES

PART 1A: POLICYHOLDER

This part must be completed and signed by an official of the policyholder or the claim cannot be processed.

School: **The Pennsylvania State University** Policy# **PENN00** Location code# _____
 Address _____

Student Athlete's Name: _____ D/B: _____ Male___ Female___
 Injury Date: _____ Time: _____ Sport: _____ (circle one) Game Travel Practice
 Where and how did accident occur? (Be specific-identify part of body and nature of injury.)

At the time of injury, was the injured involved in an activity sponsored and supervised by the policyholder? Yes___ No___
 Name of Coach/Trainer _____ Was he/she a witness to the accident? Yes___ No___
 Signature of _____ Title _____ Date _____

PART IB: INSURED INFORMATION

THIS PORTION MUST BE FILLED OUT COMPLETELY BEFORE CLAIMS CAN BE PROCESSED

Student Athlete's Home Address _____
 City/State/Zip _____ Home Phone: _____

Is the injured person employed? Yes ___ No ___ If yes, please fill out Section A below.
 Is the injured person married? Yes ___ No ___ Spouse's Name: _____
 Is the spouse employed? Yes ___ No ___ If yes, please fill out Section B below.

Parent/Guardian Information

Father/Guardian Name _____	Mother/Guardian Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone: _____	Home Phone: _____
Is father employed? Y/N___ If yes, fill out section A.	Is mother employed? Y/N ___ If yes, fill out section B.

SECTION A (INSURED/FATHER)

Employer: _____
 Address _____
 City/State/Zip _____
 Phone _____
 Insurance Company _____
 Policy # _____

SECTION B (SPOUSE/MOTHER)

Employer _____
 Address _____
 City/State/Zip _____
 Phone _____
 Insurance Company _____
 Policy# _____

IF NO INSURANCE, COMPLETE AND ATTACH AFFIDAVIT OF NO INSURANCE

MEDICAL INFORMATION AUTHORIZATION ASSIGNMENT OF BENEFITS:

You are hereby authorized to furnish at the request of and to Bob McCloskey Insurance or their representatives information which you may possess; including findings and treatment rendered, X-rays and copies of all hospital or medical records, all occasioned by professional services and hospital care rendered on my behalf. The foregoing authorization is granted with the understanding that any legal rights I may ordinarily have to claim communications between us as privileged are hereby expressly and voluntarily waived. A Photostat of this authorization shall be considered as effective and valid as the original. 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.

Student Athlete's or Parent's (if under 18 yrs. old) Signature

Date

California:

Any person who knowingly presents 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-

Florida and Idaho:

Any person who knowingly and with intent to injure. Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.* *In Florida - Third Degree Felony

Indiana:

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky and New Jersey:

Any person who knowingly and with intent to defraud any insurance company or other persons, 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, subject to criminal prosecution and civil penalties.

Michigan:

Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

Minnesota:

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

Nevada:

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

New Hampshire:

Any person who, with purpose to injure, defraud 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 York:

Any person who knowingly and with intent to defraud any insurance company or other person 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, 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.

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.

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 injure or defraud any insurer files a claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.