

A. CERTIFICATE HOLDER

Name of Certificate Holder _____	Member ID # _____	Date of Birth _____
Home Address _____		
Number and Street	City	State
Zip Code		
Daytime Phone # _____	Evening Phone # _____	Mobile Phone # _____

B. CLAIMANT INFORMATION

Name _____	Relationship to Certificate Holder _____			
Address _____				
Number and Street	City	State	Zip Code	Phone Number
Date of Birth _____	Is Claimant a Full-time Student? No <input type="checkbox"/> Yes <input type="checkbox"/>		Name of School _____	
Address of School _____				

C. CLAIM INFORMATION – THIS SECTION MUST BE FULLY COMPLETED

1. Date of injury or beginning of sickness _____	When was physician first consulted? _____
Other dates of treatment _____	
2. Nature of injury or sickness _____	
3. If injury, describe how and where accident occurred _____	
4. Have you suffered same or similar condition before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, and you were previously treated, dates treated: _____	
Name and address of physician(s) who treated you: _____	
5. If hospitalized at that time, date confined to hospital: _____	
Name and address of hospital: _____	

IMPORTANT: THIS FORM, ALONG WITH ITEMIZED BILLS, MUST BE COMPLETED AND RETURNED TO THE COMPANY WITHIN 12 MONTHS FROM THE DATE OF TREATMENT

<p>AUTHORIZATION: I hereby authorize Fairmont Specialty, or its representative, to inspect or secure copies of medical records, laboratory reports, diagnosis, prognosis, x-rays, and any other data covering this and /or previous conditions, confinements or disabilities. I further acknowledge that this plan is not subject to the federal regulations commonly known as 'HIPAA'. A photo static copy of this authorization and acknowledgment shall be deemed as effective and valid as the original.</p>	
SIGNATURE OF CERTIFICATE HOLDER _____	DATE _____

IMPORTANT NOTICE

Fraud Warning: Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application of files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

Notice to Arizona Claimants: 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.

Notice to California Claimants: For your protection California law requires the following to appear on this form. 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.

Notice to Colorado Claimants: It is unlawful to knowingly provide false, incomplete, or misleading 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or aware payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Hawaii Claimants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

Notice to Idaho Claimants: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement or claim containing a false, incomplete, or misleading information is guilty of a felony.

Notice to Kentucky Claimants: 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.

Notice to Oklahoma Claimants: 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.

Notice to Pennsylvania Claimants: 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.

Notice to Texas Claimants: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.