

A. CERTIFICATE HOLDER/DECEDENT INFORMATION

Name of Association _____		Member ID Number _____	
Name of Certificate Holder _____	S.S. # _____	Effective date of insurance _____	
Home Address _____		City _____	State _____ Zip Code _____
Name of Deceased / Patient _____		Date of Birth _____	S.S. # _____
Relationship to Certificate Holder _____		Address (if different) _____	

B. BENEFICIARY INFORMATION

Name _____	Relationship to Certificate Holder _____	Date of Birth _____	S.S. # _____
Address _____		City _____	State _____ Zip Code _____ Phone Number _____
Name _____	Relationship to Certificate Holder _____	Date of Birth _____	S.S. # _____
Address _____		City _____	State _____ Zip Code _____ Phone Number _____

C. CLAIM INFORMATION

1. Nature of injury _____	Date of injury _____	Date of death _____
2. Describe how and where accident occurred: _____		
3. Was Accident related to: Employment - Yes <input type="checkbox"/> or No <input type="checkbox"/> Automobile Accident <input type="checkbox"/> Yes or <input type="checkbox"/> No		
4. Name and address of attending physician: _____		

IMPORTANT: THIS FORM MUST BE COMPLETED AND RETURNED TO THE COMPANY WITHIN 90 DAYS FROM THE DATE OF LOSS.

FOR LIFE BENEFITS – A NOTARIZED COPY OF THE DEATH CERTIFICATE MUST ACCOMPANY THIS FORM FOR ALL ACCIDENTAL DEATH CLAIMS. ALSO, COPIES OF THE BENEFICIARY DESIGNATION, ANY POLICE REPORT AND A COPY OF THE AUTOPSY INCLUDING TOXICOLOGY RESULTS MUST ACCOMPANY THIS FORM.

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.

SIGNATURE OF CERTIFICATE HOLDER _____ DATE _____

SIGNATURE OF CLAIMANT/BENEFICIARY _____ 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.