



## Accidental Injury

(To be used for all claims involving accidental injury)

### HOW TO FILE A CLAIM

1. Complete all items on the attached claim form
2. Attached the following items (as applicable):
  - Fully completed Attending Physician Statement (required for all claims)
  - Copies of all police reports, newspaper articles, etc. describing the accident
  - Copies of additional documents that support your claims
  - Copy of itemized hospital bill (In-Hospital Benefit only)
3. Send the completed and signed claim form and all required documents to:

**NAHGA Claim Services  
100 Main Street  
P.O Box 189  
Bridgton, ME 04009**
4. Retain a copy for your records.

**YOU WILL CONTACTED BY A CLAIM ADJUSTER IF ADDITIONAL  
INFORMATION OR DOCUMENTATION IS NEEDED**

**IF YOU HAVE ANY CLAIM RELATED QUESTIONS PLEASE  
CALL TOLL FREE AT 1-800-486-3312**



**Accidental Injury Claim  
Claimant's Statement**  
(Please Print - Attach separate sheets if additional space required)

GROUP / CERTIFICATE HOLDER \_\_\_\_\_ NUMBER \_\_\_\_\_

**INSURED INFORMATION**

Insured's Name \_\_\_\_\_ S.S. or ID No. \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Marital Status \_\_\_  
 Insured's Address \_\_\_\_\_ Phone No. (H) \_\_\_\_\_  
 \_\_\_\_\_ Phone No. (W) \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Phone No. (Cell) \_\_\_\_\_  
 Name and address of employer \_\_\_\_\_  
 Employer Policy Number (Required) \_\_\_\_\_ Insured's Occupation \_\_\_\_\_  
 Did the insured have any other insurance? \_\_\_\_\_ If yes, please list all companies, type of insurance, policy numbers and insurance amounts: \_\_\_\_\_

**CLAIMANT INFORMATION (If different than "Insured Information" above)**

Claimant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Insured \_\_\_\_\_  
 Claimant's Address \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Phone No. (H) \_\_\_\_\_ Phone No. (W) \_\_\_\_\_

**CLAIM INFORMATION**

Date of accident \_\_\_/\_\_\_/\_\_\_ Time and place accident occurred \_\_\_\_\_  
 Please describe in detail the circumstances of accident (attach separate sheet if needed): \_\_\_\_\_  
 \_\_\_\_\_  
 Was the accident related to the Insured's occupation? \_\_\_\_\_ If so, how? \_\_\_\_\_  
 \_\_\_\_\_  
 Please describe the nature of Insured's injuries: \_\_\_\_\_  
 Please list the names and addresses of all treating physicians and hospitals: \_\_\_\_\_  
 \_\_\_\_\_

**PAID PAYMENT ACCOMPANIES THE BILL AT THE TIME THE CLAIM IS SUBMITTED**

**AUTHORIZATION**

I hereby authorize Fairmont Specialty or its representative, to inspect or secure copies of case history records, laboratory reports, diagnosis, prognosis, x-rays, and any other data covering this and/or previous confinements and/or disabilities. I understand this information will be used for the purpose of evaluating and determining coverage for this claim. I agree that a photostatic or facsimile copy of this authorization shall be deemed as effective and valid as the original

SIGNATURE (Claimant or authorized representative) \_\_\_\_\_ 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 of claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**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.