

# Accidental Death & Dismemberment Claim Form and Instructions

Please Complete this form in its entirety and sign in the appropriate places – Instructions on Reverse Side

## INSURED INFORMATION – AN ORIGINAL DEATH CERTIFICATE MUST BE SUBMITTED

Group ID	Please enter the 12-digit Group ID number as shown on card																												
A. Insured's Name (First, M.I., Last)					B. Date of Birth (MM/DD/YYYY)					C. Sex																			
										Male					Female														
D. Insured's Mailing Address (Street, City, State, Zip)										Is this a Change of Address?					E. Insured's Insurance Number														
										Yes					No														
F. Insured's Home Phone Number					G. Insured's Work Phone Number					H. Insured's Social Security/ID Number																			
I. Marital Status			J. Occupation at Time of Death					K. Was An Inquest Held? If yes, attach a certified copy of the verdict																					
L. What were the departure and scheduled return dates of the trip the insured was on when the accident took place?															M. Was An Autopsy Held? If yes, attach a copy of the Autopsy Report														
Departure Date:										Scheduled Return Date:										Yes					No				

## ACCIDENT INFORMATION – A COPY OF THE ACCIDENT RECORD MUST BE SUBMITTED

A. Description of Accident (How did it happen?)					B. Date of Accident				
C. Where did the Accident Occur? (City, State, Country, Street Location)					D. What was the Insured doing?				
E. Names & Addresses of all Eyewitnesses to Accident					F. Name & Address of Law Enforcement Agency Involved				
G. Fully Describe Injuries Received					H. Name & Address of all Doctors who Treated Deceased Between Date of Accident and Date of Death				

## CLAIMANT/BENEFICIARY INFORMATION

A. Claimant's Name					B. Claimant's Mailing Address (Street, City, State, Zip)				
C. Claimant's Home Telephone Number					D. Claimant's Work Telephone Number				
E. Claimant's Date of Birth					F. In What Capacity are you Making this Claim?				
					NOTE: If other than the beneficiary, attach appropriate legal documents substantiating your authority				
G. Claimant's Relationship to Insured									
H. What Dollar Amount of Indemnity are you Claiming?									

## AUTHORIZATION

**Certification and Release of Information:** I certify that the information on this Claim Form is true and correct to the best of my knowledge. I authorize the release of any medical information necessary to process this claim. Please see the back of this form for important information.

X \_\_\_\_\_  
Signature of Claimant Date

## FRAUD NOTICE

**Alabama:** 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.

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

**Arizona:** 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.

**Arkansas, Louisiana, Rhode Island, West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment for 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.

**California:** 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.

**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.

**Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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.

**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.

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

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

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

**Kentucky:** 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.

**Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** 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.

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

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive 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 R.S.A. 638.20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**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.

**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 \$5,000 and the stated value of the claim for each violation.

**Ohio:** 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.

**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 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.

**Texas:** 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.

## INSTRUCTIONS FOR FILING A CLAIM

The following steps will assist you in filing claims. **Please note that submitting an incomplete form will result in the delay of processing your claim.**

### For Parts 1 - 4 of the claim form:

- A completed claim form must be included with each submission for each insured person and each member of the family for each separate accident or death. Please answer all questions, even if the answer is "none" or "N/A".
- The claim cannot be processed without the proper documentation. Please ensure that the following documents are included when submitting the claim – Original Death Certificate or Certified copy; Certified copy of the Inquest Verdict if held; Copy of the Autopsy Report if held; Copy of the Accident Report; If claimant is other than the beneficiary, the appropriate legal documents substantiating your authority must be attached.
- The claim form must be signed and dated.

## PLEASE MAIL THE COMPLETED FORM AND SUPPORTING DOCUMENTATION TO

**GeoBlue**  
GeoBlue Claims Department PO Box 1748  
Southeastern, PA 19399-1748

**24/7 Member Services:** +1-610-263- 4660  
**Claims Submission Fax:** 1.610.482.9623  
**Claims Submission Email:** [claims@geo-blue.com](mailto:claims@geo-blue.com)