



MEDICAL WITHDRAWAL & STUDENT INFORMATION RELEASE FORM



PART A – INSTRUCTIONS

1. **READ AND COMPLETE THIS FORM. PLEASE PRINT CLEARLY. Incomplete forms may delay processing.**
2. Remember to provide either your Social Security Number or your Personal Identification Number.
3. Be sure all Parts B-D include the required signatures.
4. Provide a copy of your current semester's bill.
5. **MAKE A COPY OF THIS FORM** for your records.
6. Please mail this completed form **with a copy of your current semester's bill** to:
Tuition Secure c/o ASRM, LLC
Attention – CLAIMS DEPARTMENT
505 South Lenola Road, Suite 231
Moorestown, NJ 08057
7. Please call ASRM's Claims Department at 1-800-359-7475 if you have any questions about this form.

PART B – INSURED STUDENT AUTHORIZATION (To be completed by student, parent or guardian)

INSURED STUDENT'S NAME (LAST, first, middle)	SSN or PIN	NAME of TUITION PAYOR	
PAYOR/STUDENT'S PERMANENT STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	SCHOOL, COLLEGE OR UNIVERSITY NAME		
HAVE YOU RECEIVED PRIOR TREATMENT FOR THE CONDITION CAUSING YOUR MEDICAL WITHDRAWAL (YES OR NO)?			
IF YES, PLEASE PROVIDE THE DATE OF THE LAST TREATMENT (MM/DD/YY).			
I HEREBY AUTHORIZE the above named School, College or University to release to SiriusPoint America Insurance Company all information requested or otherwise necessary to verify and confirm the Insured Student's complete withdrawal from the School, College or University for the purposes of supporting the Insured Student's claim for recovery of insured college fees as identified in the Tuition Reimbursement Policy.			
SIGNATURE	DATE (MM/DD/YY)		

PART C – DEAN OF STUDENTS / REGISTRAR'S CERTIFICATION (To be completed by Dean of Students or School Registrar)

SEMESTER/TERM	WITHDRAWAL DATE (MM/DD/YY)		
I HEREBY CERTIFY that as of the provided Withdrawal Date, the Student named in Part B of this form has fully complied with our school's requirements for medical withdrawal and completely withdrawn from classes for the semester or term identified in this section. I further certify that the Student will NOT receive any academic credit for this semester or term and will not obtain an incomplete or be allowed to take make-up examinations resulting in credit for these classes.			
AUTHORIZED SIGNATURE	PRINT NAME	TITLE	DATE (MM/DD/YY)

PART D – TO BE COMPLETED BY BUSINESS OFFICE OR BURSAR

Please provide the following information:

INSURED PROGRAM FEES	TOTAL PROGRAM FEES REFUNDED TO STUDENT
Tuition:	\$
Academic Fees*:	\$
Room:	\$
Board (Meals):	\$
TOTAL:	\$

* Please be sure to only include Fees that are direct charges for Academic pursuit.

AUTHORIZED SIGNATURE	PRINT NAME	TITLE	DATE (MM/DD/YY)
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PART E – ASSIGNMENT OF BENEFITS (To be completed by student, parent or guardian)

I understand that by signing this section I am authorizing SiriusPoint America Insurance Company or its contracted administrators to pay available benefits directly to my school identified in Part B for credit to my account. **COMPLETE THIS SECTION ONLY IF YOU WANT TO ASSIGN YOUR BENEFITS.**

SIGNATURE (Student, if legal age, otherwise parent or legal guardian)	DATE (MM/DD/YY)
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PART F – FRAUD NOTICE

The laws of some states require us to furnish you with the following 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, and 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, and 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.