



Beazley Insurance Company, Inc.
 Administrative Services provided by:
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CLAIM FORM Group Limited Indemnity

INSTRUCTIONS – PLEASE READ CAREFULLY:

- **Section 1, 2, and 3: To be completed and signed by claimant/insured.**
- **Section 4: To be completed and signed by employer’s authorized representative (for self-administered groups only)**
- **Return this claim form and attach copies of all itemized bills.**

SECTION 1. CLAIMANT INFORMATION				
Last Name	First Name	M.I.	Date of Birth:	
Relationship to Insured:		Insured Name:		
Street Address	Apt. No.	City	State	Zip Code
Home Phone: ()	Work Phone: ()	E-Mail Address:		
Group Name:	Group Number:	Your Occupation:		
Describe Illness or Injury completely: (If accident, explain how accident occurred)				
Date of Accident or Beginning of Sickness:				
Is Sickness or Injury Due to Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you be filing for worker’s compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION 2. SIGNATURE (This form must be signed.)				
AUTHORIZATION AND ACKNOWLEDGMENT:				
I certify that the above information is true and correct to the best of my knowledge and belief.				
Please continue to read below for special notices required by state law.				
X _____	_____	_____		
Signature of Claimant	Relationship to Insured	Date Signed		
SECTION 3: AUTHORIZATION TO RELEASE INFORMATION (This section must be signed.)				
I hereby authorize the use or disclosure of protected health information as described below:				
I authorize any physician, medical professional, hospital, covered entity as defined under HIPAA, insurer, employer or other organization, or persons having information to release information in its entirety to Beazley. I understand that the information used or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV), or alcohol or drug abuse. I understand that the information used or disclosed may be subject to re-disclosure by person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations. I may revoke this authorization by notifying Beazley Insurance Company in writing of my desire to revoke it. However, I understand the any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that signing this authorization is voluntary. This authorization expires within one year or the duration of the claim, whichever period is shorter.				
X _____	_____		_____	
Signature of Claimant			Date Signed	
X _____	_____		_____	
Signature & Relationship of Legally Authorized Representative			Date Signed	
SECTION 4 EMPLOYER STATEMENT (For self-administered cases only)				

Employer Name:		Group Number:	
Name of Authorized Person:		Title:	
Street Address		City	State
			Zip Code
If Branch or Affiliate, Name of Parent Company:		Employer Tax ID Number:	
Phone Number: ()	Fax Number: ()	E-Mail Address:	
Employee Name:		Employee Date of Birth:	Employee Social Security Number:
Employee Job Title:		Date of Employment:	Insurance Effective Date:
<p>I hereby certify that the above information is true and correct to the best of my knowledge.</p> <p>Please continue to read below for special notices required by state law.</p> <p>X _____</p> <p style="text-align: center;">Authorized Employer Signature Date Signed</p>			

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.

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 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 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.

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

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

Kansas – It is unlawful to commit a fraudulent insurance act, which means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 RSA 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, with intent to defraud or knowing that he or she 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.

North Carolina – Any person who knowingly and with intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a Class H felony and may be subject to criminal and civil penalties.

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 false, incomplete or misleading information is guilty of a felony.

Oregon - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

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.

Vermont - Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.