



BMI Benefits, LLC. - Season Interruption Insurance Accident Claim Form

HOW TO FILE A CLAIM:

- 1. Complete this form within 90 days of the date of accident
- 2. Attach All Required Documentation
- 3. Mail/Fax/Email to: BMI Benefits, LLC. PO Box 511, Matawan, NJ 07747

Email: clerk@bobmccloskey.com **Fax:** 732-583-9610 **Phone:** 800-445-3126



Part 1A must be completed and signed by a coach/official of the policyholder or the claim cannot be processed

PART 1: POLICYHOLDER

Club/Organization		Policy#	
Policyholder Mailing Address		City, State, Zip	
Season Start Date:		Season End Date:	
Season Information			
Injured Person's Name		Birth date	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Injury	Time	Type of Sport	Part of body injured
How did Injury occur?			
Accident Type: Game <input type="checkbox"/> Practice <input type="checkbox"/> Conditioning <input type="checkbox"/> Strength Training <input type="checkbox"/> Other <input type="checkbox"/>			
At the time of the injury, was the injured party involved in an activity sponsored and supervised by the policy holder? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name of Supervisor/Coach		Was he/she a witness to the accident? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PART 2A: INJURED PERSON'S INFORMATION (This section is to be completed if the injured party is NOT a minor)

Injured Person's Home Address (Street, City, State, Zip)	
Phone:	Email

PART 2B: PARENT/GUARDIAN INFORMATION (This section is to be completed if the injured party is a minor)

Father/Guardian Name		Mother/Guardian Name	
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
Phone	Email	Phone	Email

Part 3 A: Treating Physician Information (This section is to be completed/signed by the physician treating the injured party)

Physician Name		Medical Practice Name	
Medical Practice Address (Street, City, State, Zip)			
Medical Practice Phone		Medical Practice Fax	Medical Practice Email
Due to his/her injury, by signing below, I verify as the treating physician of the above named athlete, that he/she can no longer participate in the above named sport and should not return to play until the below date.			
DATE OUT:		DATE RETURN:	

Physician Signature

Part 4B: Policyholder Signature (This section is to be completed/signed by a representative of the Policyholder)

As a representative of the policyholder, I certify that injured party has not participated in athletic activities from the DATE OUT to the DATE RETURN noted above, and the Club has not refunded any fees to the injured party.

Representative of the Policyholder Signature:

MEDICAL INFORMATION AUTHORIZATION ASSIGNMENT OF BENEFITS:

You are hereby authorized to furnish at the request of and to BMI Benefits, LLC or the underwriting companies with which it works, information which you may possess; including findings and treatment rendered, X-rays and copies of all hospital and medical records, all occasioned by professional services and hospital care rendered on my behalf. The foregoing authorization is granted with the understanding that any legal rights I may ordinarily have to claim communications between us as privileged are hereby expressly and voluntarily waived. A Photostat of this authorization shall be considered as effective and valid as the original, Payment will be made to the injured party (or their beneficiary) unless the injured party is minor, and then payment would be made to the parent or legal guardian.

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 five thousand dollars and the stated value of the claim for each such violation.

Claimant or Authorized Person's Signature	Date
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CLAIM FORM FRAUD STATEMENT - FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW:

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.

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.

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.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a 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.

FLORIDA WARNING :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.

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.

KANSAS: 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 may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

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

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.

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 and 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.

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: 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.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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.

VIRGINIA: Any person who, with the 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 may have violated state law.