

**- POR FAVOR LEA LAS INSTRUCCIONES  
DETRAS DE ESTA PAGINA ANTES  
DE LLENAR EL FORMULARIO -**

<b>POR FAVOR MANDE LOS FORMULARIOS A: CLAIMS ADMINISTRATOR BOLLINGER P.O. BOX 1346 Morristown, NJ 0792</b>
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1. Distrito Escolar		2. Escuela que Asiste el Niño/la Niña en el Distrito:		3. Master Policy No:	
4. Apellido del Reclamador:		Primer Nombre:		5. Fecha de nacimiento	6. <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
8. Dirección:		9. Ciudad / Estado / Zona Postal:			
10. Dirección de correo electrónico del padre o tutor (si está disponible):					

**11. Marque actividad en cual participaba el estudiante cuando tuvo el accidente:**

- A.  Deportes Interscholásticos \_\_\_\_\_ Nombre del Deporte
- B.  "Cheerleading"     Batutera o Banderetera     Banda de Música
- O:
- 01  Clase de Educación Física    04  Yendo y Viniendo a/de la Escuela    07  Actividad Extra-Curricular (Después de Escuela) Dentro de la Escuela
- 02  En la Clase o en el Pasillo    05  Viajando en Grupo    08  Actividad Extra-Curricular FUERA de la Escuela
- 03  En el Patio de Recreo (pero NO durante clase de Educación Física)    06  Actividad Fuere de la Escuela (Plan de 24 horas)    09  Espectador

¿La Escuela estaba en sesión?    Si     No     Hora de Entrada: \_\_\_\_\_    Hora de Salida: \_\_\_\_\_

12. Fecha del Accidente:	13. Hora: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	14. ¿Cómo ocurrió el accidente?
15. ¿Dónde ocurrió el accidente?		16. Parte del cuerpo herida/o:

17. Certifico que la actividad indicada arriba es patrocinada y supervisada por la escuela y que se cubre bajo una póliza que solicito y compro el dueño de dicha póliza.

Firma de Administrador (a) Escolar \_\_\_\_\_ Título: \_\_\_\_\_ Fecha \_\_\_\_\_

**AUTORIZACION Y PRUEBA DE OTRO SEGURO, TIENE QUE  
COMPLETARLO LOS PADRES O EL GUARDIAN**

AUTORIZACIONES MEDICA: Autorizo entrega de cualquier informe medico tipo que sea necesario para procesar esta reclamacion, inclusivo de todos los datos pertinentes a esta limitación o otra incapacidad preva.		AUTORIZACIÓN DE PAGO: Autorizo pagar beneficios medicos directamente a los proveedores que prestaron servicios.	
FIRMA _____ FECHA _____		FIRMA _____ FECHA _____	
1. Nombre del Padre		2. Nombre y Dirección de su Empleo	
3. Nombre de la Madre		4. Nombre y Dirección de su Empleo	
5. <input type="checkbox"/> NO tengo/tenemos seguro personal o de grupo de ningún tipo. La carta de mi empleo verificando que no tengo seguro medico esta uncluida.			
6. <input type="checkbox"/> SI, tengo/tenemos seguro personal o de grupo (Por favor complete #7).			
7. <b>Nombre de Otra(s) Compañía(s) de Seguro</b>		<b>Dirección</b>	
8. <input type="checkbox"/> NO tengo/tenemos seguro medico soy/somos: <input type="checkbox"/> Empleo Propio <input type="checkbox"/> Desempleado <input type="checkbox"/> Invalido			

Certifico, juro y afirmo que los informes dados aqui son verdaderos y correctos. Entiendo por completo que cualquier representación fraudulenta hecha por mi con intenciones de recibir beneficios bajo esta póliza constituye un fraude y puede ser castigable bajo la ley.

Firma de Madre/Padre/Guardian: \_\_\_\_\_ Fecha \_\_\_\_\_

El seguro de accidente que ha comprado la junta de educación cubre solo a base de exeso. Es decir que solo aquellos gastos médicos que no cubre su seguro personal o de grupo. Por favor siga estas instrucciones para llenar el formulario de reclamación.

**1. Este formulario de reclamo por correo a Bollinger, Inc. dentro de los 90 días de la fecha de el accidente.**

Por favor verifique y hacer seguro que:

- A) El administrador escolar halla llenado su parte en el formulario de reclamación.
  - B) Usted halla llenado y firmado la declaración y autorización médica de Padre/Madre.
  - C) Halla adjuntado a este formulario copia individuales de cada una de las facturas de gastos médicos que quedan por pagar.
  - D) Halla llenado la parte del otro lado de este formulario completo.
2. Inmediatamente envíe el formulario de reclamación con todos los gastos médicos a la compañía que administra su seguro personal o de grupo (incluyendo Seguro de Médico de Gastos Mayores).
  3. Después que su propio seguro halla pagado todo los gastos médico hasta el límite de la póliza, envíe una factura con la cuenta detallada y copias de la Explicación de Beneficios de su seguro primario a la dirección de abajo. No aceptamos equilibrio de cuentas debidas.
  4. Por favor escriba el nombre del demandante, el número de póliza y la fecha de accidente en todas las facturas y la Explicación de Beneficios. No es necesario llenar un formulario de reclamación nuevo.
  5. Por favor mantenga copia de este formulario de reclamo, todas las facturas, y la Explicación de Beneficios de su seguro primario para sus registros.
  6. Llame al 866-267-0092 si desea más información. Por favor de no llamar a la escuela o la junta de educación acerca de este seguro.

Gracias por su cooperación.

**NO LLAME A LA ESCUELA O LA JUNTA DE EDUCACION  
ACERCA DE ESTE SEGURO, LLAME AL 866-267-0092**

*Network Provider*

[www.multiplan.com](http://www.multiplan.com)

PLAN ADMINISTRATION AND CLAIM SERVICE BY:



**Bollinger Specialty Group**

BOLLINGER, INC., A SUBSIDIARY OF  
ARTHUR J. GALLAGHER & CO.

P.O. BOX 134, MORRISTOWN, N.J. 07962 • TELEPHONE (866) 267-0092  
[www.BollingerSchools.com](http://www.BollingerSchools.com)

# Fraud Warnings Disclosure

Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, TX, VA, VT, WA, and WV.)

In **Arkansas, Louisiana, Rhode Island, or 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.

In **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.

In **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.

In **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.

In **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.

In **Kansas**: 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 an insurer, purported insurer, or to or by a 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, commits a fraudulent insurance act and may be subject to criminal and/or civil fines or penalties.

In **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.

In **Maine, Tennessee, Virginia, or 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.

In **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.

In **New Jersey**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In **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.

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

In **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.

In **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.

In **Oregon**: Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In **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.

In **Puerto Rico**: Any person who has committed fraud, as defined in the law, shall incur a felony, and if convicted, shall be sanctioned for each violation by a penalty of a fine of not less than five thousand dollars (\$5,000), nor more than ten thousand dollars (\$10,000), or a penalty of imprisonment for a fixed term of three (3) years, or both penalties. If there were aggravating circumstances, the fixed penalty thus established may be increased up to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. In addition to the penalties provided in this chapter, any person who, as a result of the fraud thus committed is benefited in any way to obtain insurance, or in the payment of a loss pursuant to an insurance contract, shall be imposed the payment of restitution of the amount of money resulting from the fraud. Every violation shall have a prescription term of (5) five years.

In **Texas**: 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.

In **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.