When completed, return this form to:

COMMERCIAL TRAVELERS
MUTUAL INSURANCE COMPANY

COMMERCIAL TRAVELERS
COLLEGE CLAIM DEPARTMENT
70 GENESEE STREET
UTICA, NEW YORK 13502
1-800-756-3702

IMPORTANT: Please attach itemized bills. This form MUST be completed in full and returned to the company WITHIN 90 DAYS from the date of treatment accompanied by all itemized bills received to date. Mail to the address shown on this form.

CLAIM CANNOT BE PROCESSED WITHOUT THIS INFORMATION

College (or) University		❑ Domestic Student—Soc. Sec. # and/or Student ID # ❑ International Student—Student ID #			
Student's Name		Policy #		❑ Male ❑ Female	Date of Birth
If Claim for Dependent Give Name and Relationship	Name	Relationship		❑ Male ❑ Female	Date of Birth
Student Mailing Address	Street Address	City	State	Zip	Telephone ( )

Claim due to ❑ Accident ❑ Sickness — Please check type of benefit you are claiming

- ❑ Daily Hospital Confinement/Discharge — Date Admitted _____ Discharged _____
  - ❑ Critical Care
  - ❑ Non Critical Care
  - ❑ Mental Illness/Alcoholism/Substance Abuse
- ❑ Physician Visit — Date of Service _____
  - ❑ New Patient
  - ❑ Established Patient
  - ❑ Consultation
  - ❑ Emergency Room
  - ❑ Student Health Center
- ❑ Laboratory Test — Date of Service _____
- ❑ Diagnostic Radiology — Date of Service _____
  - ❑ MRI
  - ❑ CT Scan
  - ❑ All Other
- ❑ Diagnostic Cardiovascular — Date of Service _____
  - ❑ ECG
  - ❑ EKG
  - ❑ All Other
- ❑ Wellness Care Visit — Date of Service _____
  - ❑ Annual Physical
  - ❑ Mammogram
  - ❑ Prostate Screening
  - ❑ Cervical Cancer Screening
- ❑ Therapeutic/Rehabilitative Care — Date of Service _____
  - ❑ PT/Speech/OT
  - ❑ Acupuncture
- ❑ Ambulance — Date of Service _____
- ❑ Emergency Room — Date of Service _____
  - ❑ Sickness
  - ❑ Injury
- ❑ Surgery — Date of Service _____
  - ❑ Inpatient
  - ❑ Outpatient
- ❑ Anesthesia — Date of Service _____
  - ❑ Inpatient
  - ❑ Outpatient
- ❑ Durable Medical Equipment
- ❑ Outpatient Facility — Date of Service _____
  - ❑ PT
  - ❑ OT
  - ❑ Student Health Center
  - ❑ Kidney Dialysis
  - ❑ ECG
  - ❑ Urgent Care
  - ❑ Chemotherapy
- ❑ Private Duty Nursing/Home Health Care
- ❑ Prescription Drug — Date of Service _____
  - ❑ Generic
  - ❑ Name Brand
- ❑ Accidental Death & Dismemberment — Date of Accident _____
- ❑ Other — Explanation _____

1. Date of injury (or) onset of sickness _____ When was physician first consulted? _____
   Condition being treated _____ Part of Body Injured: ❑ Left ❑ Right _____
   If injury, (a) How and where did accident occur? _____

   (b) Were you practicing or playing any intercollegiate (between rival colleges) club or professional sport at the time of the accident? ❑ Yes ❑ No
   If "yes", name the sport _____
2. Hospital (Give name and address) _____
   Date Admitted _____ Date Discharged _____
3. Give names, addresses and telephone numbers of all attending physicians _____
   _____ Phone _____
4. Give name, address and telephone number of usual family physician _____
   _____ Phone _____

I hereby authorize any physician, hospital, company, employer, or organization to release any information regarding the medical history, treatment, or benefits payable for this claim, to National Guardian Life Insurance Company or its authorized benefit plan administrator. A photostatic copy of this authorization shall be as valid as the original.

I also authorize National Guardian Life Insurance Company or their representatives to pay all bills in connection with this claim directly to the doctor, hospital or any other persons rendering service, and such payment shall release the Insurance Company from liability as to amounts so paid.

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED ON PAGE 2: Any person who knowingly, and with intent to defraud, injure or deceive any insurance company, files or causes to be filed, a claim for payment of a loss, containing any false or incomplete information commits a fraudulent insurance act that may be a crime and may subject such person to confinement in prison, fines and denial of benefits.

I hereby CERTIFY that I have read the answers to all parts of this form and to the best of my knowledge and belief the information is complete and correct as given herein.

Name of student _____ Date _____

Signature of claimant (parent or guardian if not adult) _____

Student's Address While at School _____
Street City State Zip

Address where check is to be sent _____
Street City State Zip

Underwritten by: **National Guardian Life Insurance Company**

National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka The Guardian or Guardian Life

AK, CT, DE, HI, IA, ID, IL, IN, MI, MN, MO, MT, MS, NC, ND, NV, SC, SD, UT, WI & WY: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

AL, AR, DC, LA, MA, and RI: 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.

AZ: 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.

CA: 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.

CO: 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."

FL: 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.

GA, NE, KS, OR, TX, VT: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

KY: 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.

ME: 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.

MD: 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.

NH: 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.

NJ: Any person who includes any false or misleading information on an application or statement of claim for an insurance policy is subject to criminal and civil penalties.

NM: 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.

NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for health insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, any 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 $5,000.00 and the stated value of the claim for each such violation.

OH: 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.

PA: 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.

OK: 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.

TN: 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.

VA, WA: 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 or a denial of insurance benefits.

WV: 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.