

Return Completed form to:

Seven Corners
303 Congressional Blvd.
Carmel, IN 46032
377-444-5009 | F:317-575-22

P: 877-444-5009 | **F**:317-575-2256 Markel.memberclaims@sevencorners.com

Fraternity/Sorority Member Accident Protection Program Claim Form

Instructions for Filing a Claim

- 1. Complete this form (including the appropriate signatures).
- 2. Attach all itemized bills relating to the claim.
- 3. Submit the completed form and bills to the address or fax number above.

In order to pay claims we must have your Social Security Number

Member Coverage Information and Initial Claim Reporting Call 800-736-4327, Ext 4194 or 4188.

	Pa	rt 1 – INJURFI	D MEMBER REPOR	 ?T			
Name of (Inter)national Fraternity/Sorority Kappa Alpha Order		College or University Where Chapter is Located			Policy Number 4102AH256700-8		
Name of Injured Person	Social Security Number (Required)		Gender Male Female	Date o Birth	f	Email Address	
Injured Person's Address	S		City	State	Zip	Phone Number	
Parent's Name (if applicable)	Parent's Address (if applicable)		City	State	Zip	Phone Number	
Claim Information							
 4. Describe how the accident occur A. During a frate B. On fraternity of C. While on the journing intercondent E. During a university 	lent occurred: of Body Injured – e.gident occurred – given from the second of the second of the second or leased project (if applicable)? The second of the second or lease of the second or lease of the second of	g. broken arm, e all possible d vity? operty? athletic practice onsored activity niversity or coll	sprained ankle, etc., etails – must be a book etails –) odily inju pter is lo	ry due	Yes No Yes No Yes No Yes No Yes No Yes No	
		FOR DENTA	L CLAIMS ONLY				
B. Describe cond	h teeth were involve dition of injured teet d, and Natural	h prior to accid	ent:				

Part 2 - OTHER INSURANCE STATEMENT

Do you/spouse/parent have medical/health care coverage	e through an employer or other	r source on you?				
If Yes, Name of insurance companyPolicy #						
Is the Claimant enrolled as an individual, employee or de Preferred Provider Organization (PPO), Health Maintena any other type of accident/health/sickness plan?	nce Organization (HMO) or sim					
If Yes, Name of insurance companyPolicy #						
IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES of their EXPLANATION OF BENEFITS along with your claim. IF NO OTHER INSURANCE or HEALTH PLAN EXISTS, PLEASE READ & SIGN BELOW. I agree that should it be determined at a later date there is insurance (or similar), to reimburse Markel Insurance Company to the extent of any amount collectible.						
Signature of Participant or Parent:	Witness:	Date				
	PAY BENEFITS TO PROVIDE					
I authorize medical payments to physician or supplier for	services described on any atta	ached statements enclosed.				
Signature:	Da	ate:				
I AUTHORIZE any insurance company, hospital, physiciagovernment-sponsored health plan, or employer having with respect to any illness, injury, physical or mental compast, to give to Markel Insurance Company (MIC) or its let UNDERSTAND the information obtained by use of the insurance and eligibility for benefits under any existing person or organization EXCEPT as necessary in connect otherwise lawfully required or as I may further authorize. Authorization. I AGREE that a photographic copy of this Authorization shall be valid for a period of two years from time by written request to MIC. I CERTIFY that the above correct.	an, medical care provider, clinic information available as to diag dition, and/or treatment for me egal representative, any and all Authorization will be used by Molicy. Any information obtained tion with the processing of this I KNOW that I may request to Authorization shall be valid as in the date shown below. I may	c, medical care facility, mosis, treatment and prognosis or my minor children now or in the I such information. IIC to determine eligibility for will not be released by MIC to any application, claim, or as may be receive a copy of this the original. I also AGREE this revoke this authorization at any				
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Please Note

In furnishing this or other claim forms fro the convenience of the claimant, the MARKEL INSURANCE COMPANY does not admit any liability or waive any rights. MARKEL INSURANCE COMPANY reserves the right to ask for other information if it is deemed necessary. All expenses incurred in connection with furnishing the necessary proof of loss are the responsibility of the covered person.

FRAUD STATEMENTS

GENERAL: 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.

ALASKA: Any 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: 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.

<u>CALIFORNIA:</u> 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.

<u>COLORADO:</u> 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

<u>DÉLAWARE:</u> 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.

<u>DISTRICT OF COLUMBIA RESIDENTS:</u> 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.

<u>IDAHO</u>: 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.

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.

LOUISIANA: 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.

<u>MAINE</u>: 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.

<u>MARYLAND</u>: 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.

<u>NEW MEXICO</u>: 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.

<u>NEW YORK:</u> 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.

<u>OHIO:</u> 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.

<u>OKLAHOMA:</u> 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.

<u>OREGON:</u> Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

<u>PENNSYLVANIA:</u> 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 act, which is a crime and subjects such person to criminal and civil penalties.

<u>TENNESSEE:</u> 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 the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

<u>VIRGINIA</u>: 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.

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.