

STATEMENT OF OTHER INSURANCE - MUST BE COMPLETED

1. Father's Name:	2. Name and Address of His Employer:
3. Mother's Name:	4. Name and Address of Her Employer:
5. Name and Address of Claimant's Employer:	6. <input type="checkbox"/> Yes I do have other personal or group medical insurance.
Names of Other Insurance Companies	Address
7. <input type="checkbox"/> No, I do not have other personal group medical insurance of any sort.	

INSTRUCTIONS

To avoid processing delays, please follow all instructions:

1. The student (not the Doctor or Hospital) must submit a fully completed claim form within 90 days of an accident or sickness. Only one form is needed for each accident/sickness.
2. Subsequent bills should clearly indicate patient name, name of College or Policy Number, and Diagnosis. All bills must be itemized as claims cannot be processed from balance due statements.
3. Intercollegiate Sports Accident claims must be signed by an authorized athletic official.
4. If a Health Center Referral is required, the Health Center questions must be fully completed.
5. The Statement of Other Insurance section above **MUST** be completed on policies where this plan is secondary to other insurance. If employed with no insurance, a statement of verification from the employer must be submitted on their letterhead.
6. Please keep a copy of this Claim Form and all bills and primary insurance Explanations of Benefits for your records.

PLAN ADMINISTRATION AND CLAIM SERVICE BY:

Bollinger
Insurance Since 1876

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