Florida State University – International Programs

BUNAC

International Travel Insurance and Assistance

2026-27

- Insurance Coverage Provided by: CHUBB
  - Policy Number: GLM N04964536
- 24/7 Travel/Medical/Security Assistance Services provided by: ON CALL INTERNATIONAL
- Brokerage Services Provided by:
- Florida State University Policy Administration Provided by: HUB International Programs
- **Questions or to request the full Summary of Benefits:** Contact International Programs

HUB

CHUBB

Access to Chubb Travel Assistance, Worldwide

When you're facing a travel or medical emergency, Chubb partners with On Call International (On Call) to give you 24/7 access to local care and expert assistance—wherever you are. **In case of a travel or medical emergency,** contact On Call International's multi-lingual call center 24 hours a day at the contact details below:

- Within US or Canada: +1-800-406-3831 (toll-free)
- Outside US: +1-978-237-0279
- Email: Mail@OncallInternational.com

Scan the QR code to save the emergency hotline to your mobile device. When saving the contact, be sure to note the "Policyholder Name" and "Policy Number" from the ID Card.

When calling On Call, please be prepared to provide the following located on your travel assistance ID card:

- Name of caller or relationship to covered person
- Policy number
- Policyholder name
- Reason for calling

24/7 Assistance Services

Your travel assistance services include, but are not limited to:

Medical Assistance

- Emergency medical evacuations and repatriation
- Medical monitoring and treatment
- Guarantee of medical payment (GOP)
- Return of mortal remains
- Dispatch of physician
- Dispatch of prescription medication
- Transport of family member/ Escort of dependents
- Doctor or hospital referrals*
- Global Teleconsultation
- Remote Behavioral Health

Security Assistance

- Access to 24/7 security assistance and safety advice
- On-the-ground crisis response for security, natural disaster, or political evacuation and repatriation

Travel Assistance

- Lost/stolen personal item assistance
- Emergency travel arrangements
- ID theft assistance and advice
- Emergency cash advance
- Translator or interpreter assistance
- Emergency message transmission
- Legal/bail bond referral
- Embassy and consulate information

Travel Intelligence Portal

On Call's Global Risk Intelligence Portal (GRIP) gives you instant and secure access to travel risk information, tools, and resources to help prepare for and manage emergencies while abroad.

How to Access:

1. Go to www.MyOnCallPortal.com.
2. Enter the **Group ID: 100240GRIP22**.
3. Explore GRIP for country risk reports, real-time travel alerts, and other helpful travel resources.

HUB

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Your Travel Assistance Identification Card

Please cut out or take a photo of the ID card below so you can access these services if needed.

CHUBB

For emergency assistance, please provide the policyholder details on this ID card and contact us :

Chubb Travel Assistance

Inside US: +1-800-406-3831

Outside US: +1-978-237-0279

Email at: Mail@OncallInternational.com

Travel Assistance Portal

Visit website: MyOnCallPortal.com

CHUBB ON CALL

Policyholder: Florida State University – IP BUNAC

Policy Number: GLM N04964536

On Call provides emergency medical and travel assistance services and pre-trip information services. Call when you require:

- Hospital or doctor referral
- Emergency medical assistance; hospitalization
- Medically necessary evacuation or repatriation
- Guarantee of payment for medical expenses
- Translation or interpreter assistance
- Security/political event emergency support

This is not a medical insurance card.

This information provides you with a brief outline of the services available to you. These services are not insured benefits. Reimbursement for any service expenses is limited to the terms and conditions of the policy under which you are insured. You may be required to pay for services not covered. A third-party vendor may provide services to you. On Cal International makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers.

In all cases, the medical provider, facility, legal counsel, or other professional service provider suggested by On Call International are not employees or agents of On Call International and the choice of provider is yours alone. On Call International assumes no liability for the services provided to you under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if you coverage under the policy is not in effect.

Claims Reimbursement

If you contact On Call before seeking medical care, then you typically will not need to pay out of pocket. However, if you do pay out of pocket, you can submit a claim for reimbursement.

1. Fill out the appropriate claims form (see attached.)
2. Submit the completed claims form, as well as documentation (e.g., doctor's invoice, proof of payment, etc.) to ACEClaims@hsri.com
3. You should receive a response within 21 business days. If you do not, then forward your initial submission to our broker, HUB International, at fsu@hubinternational.com

HUB

Schedule of Benefits

The following provides a brief description of the benefits through FSU's Chubb policy. For full coverage details, exclusions, definitions, and policy language, you may request the official Summary of Benefits from International Programs.

This policy is designed to cover unexpected sickness and accidents that emerge while abroad and must be treated while abroad. It only covers Medically Necessary expenses. This policy does not cover routine care.

Eligible Travelers

Class 1: All students, accompanying faculty and staff and accompanying Guests* who are enrolled as Florida State University – BUNAC participants, and who are temporarily pursuing educational activities outside of the United States and their Home Country.
*Guests means individuals invited and authorized to participate in a Covered Activity of the Participating Organization.

For the purposes of this policy, U.S. territories are considered to be "outside of the United States."

Benefits

Medical Expenses	$1,000,000
Pre-Existing Conditions	Up to $5,000 paid on primary basis. Any remaining costs are payable secondary to any other plan, up to $250K
Deductible	$0
Co-insurance Rate	100%
Max for Dental Treatment	Injury: Covered same as medical max Pain: $250/tooth, up to $500
Maximum for Mental and Nervous Disorders	Inpatient: $10,000 Outpatient: $10,000
Maximum for Chiropractic Care	$50 per visit; $500 maximum
Prescription Drugs	100% Inpatient and Outpatient
Emergency Medical Evacuation	$250,000 Return of Baggage/Property: $3,000
Repatriation of Remains	$100,000 Return of Baggage/Property: $3,000
Emergency Reunion (family to visit if hospitalized)	$5,000
Extension of Benefits (cont. care in U.S.)	60 days
Quarantine Benefit	$2,000

Security Evacuation	$100,000 Transportation of Baggage/Property: $3,000 Aggregate Limit: $1M
Trip Delay	$500 ($100/day); trigger is 12 hour delay
Accidental Death and Dismemberment	$15,000

For some benefits, Chubb or On Call must authorize in writing all expenses in advance, and services must be rendered by On Call.

Select Exclusions

Select exclusions listed below. For full exclusions, request the Summary of Benefits.

- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing.
- Injury sustained while participating in professional sports.
- Services, supplies, or treatment which is not Medically Necessary.
- Elective treatment, exams or surgery
- Routine physicals, immunizations, or other examinations
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof; eyeglasses, contacts, and hearing aids.
- Cosmetic surgery, except as the result of a covered injury.
- Birth defects and congenital anomalies, or complications which arise from such conditions.

Select Definitions

This is a limited set of the policy definitions. For full definitions and details, request a copy of the Summary of Benefits.

"Pre-existing Condition" means an illness, disease, or other condition of the Insured Person that in the period shown in the *Schedule of Benefits* before the Insured Person's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

"Medically Necessary" means a treatment, service, or supply that is: 1)required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

Questions?

Please contact FSU International Programs.

TRAVEL RISK MANAGEMENT & EMERGENCY ASSISTANCE

ON-DEMAND APPOINTMENTS

Most travelers don't experience major emergencies while traveling. More often, it's day-to-day issues—like a mild illness or minor concern—where quick, accessible support makes all the difference.

On-Demand Appointments transform how travelers access care, making it faster and easier to obtain, while also giving them more control over when and how they receive it.

Why On-Demand Appointments?

On-Demand Appointments simplify access to care for non-emergent medical needs—minimizing wait times and making it easier to meet with qualified providers anywhere in the world.

- Up to 75% reduction in traveler wait times for medical appointments
- Net Promoter Score (NPS) of 81 vs. industry average of 41
- Lower outpatient claims costs for clients

How It Works

Travelers can request support through On Call's Global Response Center (GRC) via phone, chat, email, or text—24/7/365, from anywhere in the world. If support is deemed appropriate for an On-Demand Appointment, travelers receive a secure link to schedule and manage their own appointment, and even select their preferred language.

Based on their location and needs, travelers may be offered up to three care options:

- Telehealth (24/7 virtual care)
- In-person clinic visits
- Home or hotel visits

If additional support is needed, On Call's GRC team is always available to help coordinate care. It's that easy!

> "Having the ability to choose when and how I received care made the whole situation sooooo much easier to manage while I was traveling and busy with my itinerary… thank you On Call!"
>
> **On Call Traveler**

Contact On Call International to get started. Open a case via phone or email:

Within US or Canada:
+1-800-406-3831 (toll-free)

Outside US: +1-978-237-0279

Email: Mail@OncallInternational.com

Helping Travelers,
Every Day

www.oncallinternational.com

1. **Please fully complete this form**
2. **Attach itemized bills**
3. **Mail to:** ***Health Special Risk, Inc.***

Email: ACEClaims@hsri.com

ACE Travel Assistance Program
Toll Free (855) 327-1414
Direct Dial (630) 694-9764

HSR
ACCIDENT INSURANCE SOLUTIONS
Health Special Risk, Inc.
8400 Belleview Drive, Suite 150
Plano, Texas 75024
Telephone (972) 512-5600, Fax (972) 512-5820
Toll Free 1-800-328-1114
Underwritten by: ACE American Insurance Company

Policy Name

GLM N04964536

Policy Number

GLM N04964536

TO BE COMPLETED BY STUDENT

School Name: _____ Policy #_____

1. Student Name _____ Insurance ID Number _____ Date of Birth _____-_____-_____
2. Mailing Address _____ (Number Street City State Zip)
3. Permanent Address _____ (Number Street City State Zip)
4. Best Contact Phone Number, Including Area Code (_____) _____ Email: _____
5. Gender ☐ Male ☐ Female 6. Patient Status ☐ Single ☐ Married
7. Is this claim for a dependent? ☐ Yes ☐ No If yes, give name _____

   Relationship_____ Date of Birth _____-_____-_____
8. Describe the conditions that caused this claim: (Select one): ☐ Illness ☐ Injury ☐ Death **(Attach supporting documentation-See Page #3-How to File a Claim)**

   _____Date of Initial Treatment _____-_____-_____
9. Has the patient been treated for the above condition(s) in the last 6 months? ☐ Yes ☐ No

   If yes, give condition(s) treated for and date(s) of treatment. _____Where did the illness occur?_____
10. Is this claim the result of an accident? ☐ Yes ☐ No If yes, give date of accident _____-_____-_____

    Where did the accident occur? _____

    How did the accident happen? _____

    What country did the accident occur in? _____
11. Is this claim the result of a work related injury? ☐ Yes ☐ No
12. Is the patient covered for benefits (other than this policy) by any of the following?

    ☐ Yes ☐ No Any individual, Blanket or Short Term Medical Insurance?

    ☐ Yes ☐ No Group Health Benefits of any kind through an employer, spouse's employer or parent's employer?

    ☐ Yes ☐ No Coverage of medical care expenses provided through any Federal, State, Provincial, or other Government Agency?

    If any of the above apply, please complete the following:

    Through whom is your coverage provided? (i.e. parent, spouse, etc.) _____ (Name Relationship)

    Insurance Co. or Benefit Plan _____ Sponsor or Employer _____

    Insurance Co. Address _____ Sponsor Address _____

    Telephone (_____) _____ Plan/Group Number _____ Sponsor Telephone (_____)_____

I know it is a crime to fill out this form with facts I know are false or leave out facts I know are important. I certify that the information furnished by me in support of this claim is true and correct. I further acknowledge that I am legally obligated to pay for all medical expenses submitted for this claim in the absence of this health insurance plan.

New York Fraud Warning Notice: 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 material 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.

☐ Issue reimbursement directly to Participating Organization _____

☐ Issue reimbursement directly to Insured (Proof of Payment must accompany this request)

I authorize medical payments to physician or supplier of service(s) described on any attached/enclosed statements.

SIGNATURE _____ **DATE** _____

I hereby authorize any insurance company, hospital, physician or other person who has attended or examined the claimant to disclose, when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

SIGNATURE _____ **DATE** _____

By entering your name above, you are signing this claim form electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this form.

FRAUD WARNING NOTICES

Any person who knowingly presents a false of fraudulent claim for payment of 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.

STATE SPECIFIC PROVISIONS

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.
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.
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 **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.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Connecticut	This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.
Delaware **Idaho**	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.
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.
Florida	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 of the third degree.
Hawaii	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
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.
Maine	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 denial of insurance benefits.
Maryland	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.
Michigan **North Dakota** **South Dakota**	Any person who knowingly and with intent to defraud any insurance company or another 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 and subject the person to criminal civil penalties.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
Nevada	Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, or misleading information may be guilty o f a criminal act punishable under state or federal law, or both and may be subject to civil penalties.
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 RSA638:20
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.
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.
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	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.
Oregon	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 thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
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.
Rhode Island **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.
Tennessee **Virginia** **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 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.
Utah	Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison. Utah Workers Compensation claims only.

HOW TO FILE A CLAIM

Listed below are important instructions and comments about filing a claim.

YOUR CLAIM FORM

1. This claim form should be fully completed and submitted within 90 days from the date of injury. Be sure to answer and complete the section regarding "**OTHER INSURANCE STATEMENT**", marking either yes or no, and signing the line for authorization, so that **HSR** and the doctors/hospital may communicate concerning your claim.
   Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.
2. Only one claim form for each loss needs to be submitted.
3. Once completed, make a photocopy for your records, and submit to HSR via email to ACEClaims@hsri.com.

YOUR BILLS

1. Please submit a copy of your bills. If you have been treated by an Out of Country medical provider, the bill must include the date of service, total billed amount and a description of the service that was provided. Prescription drugs must also list the name of drug being dispensed. Proof of personal payment should be included with each bill.
2. Due to HIPAA Privacy laws **HSR** is unable to request this information from your medical provider. Ultimately, it is your responsibility to provide the proper documentation. **If this policy provides coverage on a secondary/excess basis, HSR** cannot pay your bills using only the Primary Insurance Carrier's EOB.

EXCESS INSURANCE (if applicable)

1. **If this policy provides coverage on a secondary/excess basis** and you have any other primary insurance coverage you need to send the bills to your primary insurance first.
2. **HSR** will consider benefits after your primary insurance has processed the claim to completion.
3. We will require a copy of your primary insurance Explanation of Benefits (EOB) which you should receive from your primary insurance letting you know what was paid or denied, and the reason(s) why. **HSR** will not be able to consider your claim without this information

If you have any questions, please contact Customer Service at (800) 328-1114. They are available from 8:00 a.m. to 5:00 p.m. Central time, Monday – Friday. You may also forward any documents by fax to (972) 512-5820 or email to ACEClaims@hsri.com.

Health Special Risk, Inc.
8400 Belleview Drive, Suite 150
Plano, Texas 75024

1. **Please fully complete this form**
2. **Attach itemized bills (UB04 or CMS HCFA 1500 bill)**
3. **Mail, fax or email to *Health Special Risk, Inc.***

Email: Claims@hsri.com

HSR ACCIDENT INSURANCE SOLUTIONS

Health Special Risk, Inc.

8400 Belleview Drive, Suite 150
Plano, Texas 75024
Toll Free (800) 328-1114

CHUBB
Underwritten by: ACE American Insurance Company

Policy Name
Florida State University - IP BUNAC

Policy Number
GLM N04964536

EMERGENCY REUNION

1. Name _____ Social Security Number _____-_____-_____ Date of Birth_____-_____-_____
2. Mailing Address _____ _____
   Number Street City State Zip
3. Permanent Address _____
   Number Street City State Zip
4. Best Contact Phone Number, Including Area Code (GLM N0496) _____ Email: _____
5. Gender ☐ Male ☐ Female
7. Is the reason for the reunion due to the claimant or a family member? _____
8. Describe the conditions that caused this claim: (Select one and attach additional pages if needed):
   _____
9. If this is the result of an illness, has the patient been treated for this condition within sixty (60) day period immediately prior to the initial deposit or booking date of the Trip? ☐ Yes ☐ No ☐ N/A
   If yes, give condition(s) treated for and date(s) of treatment_____
10. Is this claim the result of an accident? ☐ Yes ☐ No If yes, give date of accident _____-_____-_____
    Where did the accident occur? _____
    How did the accident happen? _____
11. Is this claim the result of a work related injury? ☐ Yes ☐ No
12. Is the patient covered for benefits (other than this policy) by any of the following?
    ☐ Yes ☐ No Any individual, Blanket or Short Term Medical Insurance?
    ☐ Yes ☐ No Group Health Benefits of any kind through an employer, spouse's employer or parent's employer?
    ☐ Yes ☐ No Coverage of medical care expenses provided through any Federal, State, Provincial, or other Government Agency?
    If any of the above apply, please complete the following:
    Through whom is your coverage provided? (i.e. parent, spouse, etc.) _____
    Name Relationship
    Insurance Co. or Benefit Plan _____ Sponsor or Employer _____
    Insurance Co. Address _____ Sponsor Address _____
    Telephone (_____) _____ Plan/Group Number _____ Sponsor Telephone (_____)_____

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 *HEALTH SPECIAL RISK, INC.*, or the insurance company to the extent of any amount collectible.

New York Fraud Warning Notice: 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 material 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.

SIGNATURE OF PARTICIPANT OR PARENT	DATE

AUTHORIZATION TO PAY BENEFITS TO PROVIDER

I authorize medical payments to physician or supplier for services described on any attached statements enclosed.

SIGNATURE _____ **DATE** _____

I hereby authorize any insurance company, hospital, physician or other person who has attended or examined the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

SIGNATURE _____ **DATE** _____

By entering your name above, you are signing this claim form electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this claim form.

FRAUD WARNING NOTICES

Any person who knowingly presents a false of fraudulent claim for payment of 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.

STATE SPECIFIC PROVISIONS

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.
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.
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 **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.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Connecticut	This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.
Delaware **Idaho**	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.
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.
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.
Hawaii	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
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.
Maine	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 denial of insurance benefits.
Maryland	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.
Michigan **North Dakota** **South Dakota**	Any person who knowingly and with intent to defraud any insurance company or another 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 and subject the person to criminal civil penalties.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
Nevada	Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty o f a criminal act punishable under state or federal law, or both and may be subject to civil penalties.
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 section 638:20.
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.
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.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance, or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any material 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.
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	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.
Oregon	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 thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
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.
Rhode Island **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.
Tennessee **Virginia** **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 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.
Utah	Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison. Utah Workers Compensation claims only.

HOW TO FILE A CLAIM

Listed below are important instructions and comments about filing a claim.

YOUR CLAIM FORM

1. This claim form should be fully completed and submitted within 90 days from the date of injury. Be sure to answer and complete the section regarding "**OTHER INSURANCE STATEMENT**", marking either yes or no, and signing the line for authorization, so that ***HSR*** and the doctors/hospital may communicate concerning your claim. **Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.**
2. The claim form must be signed by a policyholder representative.
3. Only one claim form for each accident needs to be submitted.
4. Once completed, make a photocopy for your records, and mail to the address shown below.
5. DO NOT assume that anyone else will mail this claim form to ***HSR*** for you.

YOUR BILLS

1. Please advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills.
2. If you have already been to the doctor/hospital and did not know about this coverage, then please send all the itemized bills to ***HSR*** at the address shown below.
3. **The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for (diagnosis) and the specific itemized charges (description of treatment including the CPT/procedure code). Contact your medical provider for a UB04 or HCFA 1500 billing form.**
4. Due to HIPAA Privacy laws ***HSR*** is unable to request this information from your medical provider. Ultimately, it is your responsibility to provide the proper documentation. "Balance Due" or "Balance Forward" statements do not contain sufficient information to complete your claim. ***HSR*** cannot pay your bills using only the Primary Insurance Carrier's EOB.

EXCESS INSURANCE

1. If this policy provides coverage on a secondary/excess basis and you have any other primary insurance coverage you need to send the bills to your primary insurance first.
2. ***HSR*** will consider benefits after your primary insurance has processed the claim.
3. We will require a copy of your primary insurance Explanation of Benefits (EOB) which you should receive from your primary insurance letting you know what was paid or denied, and the reason(s) why. ***HSR*** will not be able to consider your claim without this information

If you have any questions, please contact Customer Service at (866) 523-3199. They are available from 8:00 a.m. to 5:00 p.m. Central time, Monday – Friday. You may also forward any documents by fax to (972) 512-5820 or email to Chubbclaims@hsri.com.

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