Myers-Stevens 26101 Marguerite Parkway Mission Viejo, CA 92692-3203 1-800-827-4695 Fax 949-348-2630



Instructions:

- 1) Complete this form
  2) Attach all bills
  3) Mail to: Myers-Stevens

## STUDENT ACCIDENT COVERAGE - ACCIDENT CLAIM FORM

PART A ~ SCHOOL STATEMENT						
1 Injured Student Name: First MI	First MI Last		Student Soc. Security #		Student DOB:	
2 Name of AML/JIA Member School District:		Student Age & Grade:		☐ Male ☐ Female		
3 Injury Occurred: ☐ practice ☐ game ☐ P.E. ☐ classroom ☐ travel ☐ field trip ☐ at home ☐ other		Date of Injury: month/day/year		Time of	Injury:	
Details on how the injury occurred: (please be specific)		What part of the body was injured?		School telephone	number:	
				School FAX number:		
4 Name of Supervisor/Teacher (school):		Date school was notified of incident:		Did Supervisor/teacher witness incident?		
5 Name of Official/Superintendent/Principal		Signature of <b>X</b>	f official:	Date Signed:		
PART B ~ PARENT OR GUARDIAN S	TATEMENT					
				her health and/or accident in	surance plan?	
☐ Father ☐ Mother ☐ Gua  7 Name of Father or Male Guardian:	rdian □ Other SSN:		Home	☐ Yes ☐ No Telephone	Number:	
Name of <u>Father of Male</u> Guardian.	33N.		( )	гејернопе	Number.	
Address:	City/State:		Zip Code:			
8 Name of Employer:	Work Teleph	one Numb	oer:			
Address of Employer:	City/State:		Zip Code:			
9 Name of other health/accident coverage:	Policy Number:		Telephone		Number:	
10 Address of other coverage:	City/State:		Zip Code:			
11 Name of Mother or Female Guardian:	SSN:		Home	Telephone	Number:	
Address:	City/State:		Zip Code:			
12 Name of Employer:	Work Teleph	one Numb	oer:			
Address of Employer:	City/State:		Zip Code:			
13 Name of other health/accident coverage:	Policy Number:		Telephone		Number:	
14 Address of other coverage:	City/State:		Zip Code:			
15 Name, address and telephone number of fami	ly physician:					
<b>16</b> Has the student suffered from same or similar ☐ Yes ☐ No ☐ If Yes, when?	condition before?					
I understand that any parent who knowingly, and with intent to defraud any insurance company or other person, files a statement			Signature of Pa	rent or Guardian:		
claim containing any materially false information, or conceals, for the						
thereto commits a fraudulent act, which is a crime, and may subject	ment.	Х				
I hereby authorize any school authority, employer, or insurance company, or person who has attended to or examined the claimar			Relationship to injured student:			
disclose to Myers-Stevens & Toohey & Co., Inc. or the AMLJIA, w						
illness, policy coverage, medical history, consultation, prescription						
itemized bills, and to pay benefits based upon this information. Peffective as the original.	notocopy of this authorization shall	be considered as valid and				
Authorization to pay benefits to provider: I authoriz	nents to Physician or	Signature of Pa	rent or Guardian:			
Supplier for services on the attached.		•				
			X			