



Cultural Insurance Services International - Claim Form

- ▶ **Program Name:** Camp America
- ▶ **Policy Number:** GLM N04965292
- ▶ **Participant ID Number** (from the front of your insurance card):

Mailing Address: 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** Claimhelp@culturalinsurance.com | **Fax:** (203) 399-5596
 For claim submission questions, call (203) 399-5130, or e-mail Claimhelp@culturalinsurance.com

Instructions:

1. Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.
2. Attach **itemized bills** for all amounts being claimed. *We recommend you provide us with a copy and keep the originals for yourself.
3. Approved reimbursements will be paid to the provider of the service unless otherwise indicated.
4. **Submit claim form and attachments via mail, e-mail, or by fax (provided above).**

See next page for state specific disclaimers and additional claim submission instructions.

▶ NAME AND CONTACT INFORMATION OF THE INSURED

Name of the Insured: _____ Date of Birth: ____/____/____
 (month/day/year)

U.S. Address: _____
 street address apt/unit # city state zip code

Home Address: _____

E-mail Address: _____ Phone Number: _____

▶ IF IN AN ACCIDENT

Date of Accident: ____/____/____ Place of Accident: _____ Date of Doctor/Hospital Visit: ____/____/____

Description/Details of Injury (attach additional notes if necessary): _____

▶ IF SICKNESS/ILLNESS

Description of Sickness/Illness (attach additional notes if necessary): _____

*Onset Date of Symptoms: ____/____/____ *Date of Doctor/Hospital Visit: ____/____/____

Have you had this illness before? YES NO If yes, when was the last occurrence and/or doctor/hospital visit? _____

▶ REIMBURSEMENT

Have these doctor/hospital bills been paid by you? YES NO

If no, do you authorize payment to the provider of service for medical services claimed? YES NO

If yes, any eligible reimbursements will be made in U.S currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or claimhelp@culturalinsurance.com for instructions.

Please note if you are submitting a claim for prescription medication, you must submit the prescription receipt. This will include your name, the name of the prescribing physician, name of the medication, dosage, date and amount billed. Cash register receipts will not be considered for reimbursement.

▶ FOR CLAIMS UNRELATED TO A MEDICAL INCIDENT, PLEASE CHECK THE APPROPRIATE BOX BELOW:

*(Please note: In order to claim monies back related to one of the below benefits, the benefit(s) **MUST** be included in your policy. If you try to make a claim for a benefit which you do not have, the claim will be denied)

TUITION/PROGRAM FEE REFUND RETURN AIRFARE/TRIP INTERRUPTION PERSONAL EFFECTS (baggage) TRIP DELAY

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary:

STOP! Please see next page for claim submission instructions specific to each of these benefits.

▶ CONSENT TO RELEASE MEDICAL INFORMATION

I hereby authorize any insurance company, Hospital or Physician or other person who has attended or examined me, including those in my home country to furnish to Cultural Insurance Services International or any of their duly appointed representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photo static copy of this authorization shall be considered as effective and valid as the original.

I certify that the information furnished by me in support of this claim is true and correct.

Name (please print) _____

Signature _____ Date _____

Cultural Insurance Services International - Claim Form

Page 2

Instructions for Claim Submission on Unrelated to a Medical Incident

Tuition/Program Fee Refund you must submit:

- Proof of non-refundable expenses must be provided
- Proof of Payment
- Letter stating reason for not traveling (if due to a medical condition, a detailed letter must be from the treating physician)

Return Airfare/Trip Interruption you must submit:

- Flight Itinerary including your name, travel dates and departure and arrival locations
- Letter stating reason for curtailing travel (if due to a medical condition, the letter must be from the treating physician)

Personal Effects you must submit:

- Itemized listing of items lost or stolen with approximate values at the time of loss
- Police Report or report and response from transportation carrier or letter verifying incident from Camp Director

Trip Delay you must submit:

- Proof of delay
- Receipts for any eligible expense

For residents of California: 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.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an Insurance Company for the purposes of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

For residents of 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.

For residents of Kentucky: 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 crime.

For residents of Louisiana/Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly present false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Maine: It is a crime to provide false incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company.

For residents of Maryland: Any Person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or 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.

For residents of 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.

For residents of 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.

For residents of New York: 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.

For residents of 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.

For residents of Oklahoma: 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.

For residents of Oregon: Any person who, knowingly and with intent to defraud or facilitate a fraud against any Insurance Company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

For residents of Pennsylvania: Any person who knowingly and with the 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.

For residents of 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.

For claimants not residing in California, Colorado, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Virginia nor Washington:

Any person who, knowingly or with intent to defraud or to facilitate a fraud against any insurance company or other person, submits an application or files a claim for insurance containing false, deceptive or misleading information may be guilty of insurance fraud.