OR INSURANCE OR TATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION DINCERNING ANY FACTMATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO CEED FIVE THOUSANDDOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)
PRIMARY PLAN - benefits are payable for covered medical	



CLAIM INSTRUCTIONS

In case of an accident, notify the school/organization immediately.

Step 1: Notify **ALL** treatment facilities (physician's office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanation of Benefits (EOB) can be sent directly from the medical facility to AIG.

Step 2: The school/organization should complete Section A. The claimant should complete Section B. Do not leave any blank spaces or write "N/A" in any space. If either parent or guardian is uninvolved, deceased, unemployed, self-employed or disabled, please state so.

Step 3: Attach any itemized bills to the claim form, along with any corresponding Explanation of Benefits (EOB) for each itemized bill. An itemized bill includes treatment rendered, the dates of the treatment, diagnosis codes, physician's or hospital's name, address and tax I.D. number. **Balance Due bills are not acceptable.** Be sure to attach any receipts for bills paid out-of-pocket. Otherwise, benefits will be paid to the provider of service.

Please Note: Both an itemized bill and EOB