STARR INDEMNITY & LIABILITY

ACCIDENTAL DISMEMBERMENT CLAIM FORM

Federal Employees Accident Insurance Program

Individual Policyholder:
Policy Number:

Insured Statement

Name of Insured	Social Security Number	Date of Birth	Telephone Number ( )
Home Address	Employed By		Annual Salary
City	State	Zip	Occupation

Describe Fully Your Various Duties

When Did the Accident Happen? ☐ AM ☐ PM

Where Did the Accident Happen?

How Did the Accident Happen?

What Were You Doing at the Time?

What Injury Did You Receive?

When Did You Stop Working?

Names and Addresses of All Physicians Consulted

Name	Street Address	City, State, Zip Code	Date Treated

What Operation was Performed?

If in a Hospital, Which One?
From: To:

Names and Addresses of Witnesses to Your Accident

Employer's or Administrator's Statement

Group Policy Number	Certificate Number (If Applicable)	Occupation	Annual Salary
Name of Group Policyholder	Amount of Insurance	Length of Employment From: To:	Insurance Effective Date
Address of Group Policyholder	If Cancelled, Date of Cancellation	Date of Accident	Last Date at Work
Signature of Official Representative	Date Signed		

I *authorize* any physician, medical practitioner, hospital, clinic, any other medically-related facility, insurance or reinsuring company, consumer reporting agency, employer, or other entity having information as to the diagnosis, or treatment of any physical or medical condition or treatment or having any nonmedical information pertaining to _____, to give Starr Indemnity & Liability Company or its legal representative any and all such information for the purpose of evaluating a claim for benefits.

I *understand* the information obtained by use of this authorization will be used by Starr Indemnity & Liability Company to determine eligibility for benefits under the policy. Any information obtained will not be released by Starr Indemnity & Liability Company to any person or organization except to reinsuring companies, or other persons or organizations performing business or legal services in connection with my claim, or as may be otherwise lawfully required or permitted as I may further authorize:

I *know* that I may request to receive a copy of this Authorization.
I *agree* that a photographic copy of this Authorization shall be as valid as the original.
I *agree* this Authorization shall be valid for two years from the date shown below.
I understand that I may revoke this authorization at any time by providing the insurance company with written notification as to my intent to revoke.

Signature of Insured or Authorized Representative	Dated

Address:

Attending Physician's Statement

Patient's Name	Date of Birth

Patient's Address (Number and Street, City, State, Zip Code)

Diagnosis

If loss is sight, is loss in both eyes? ☐ Yes ☐ No
Is loss total and irrecoverable? ☐ Yes ☐ No
If no, visual acuity at this time

If loss is hearing, is loss in both ears? ☐ Yes ☐ No
Is loss total and irrecoverable? ☐ Yes ☐ No
If no, hearing at this time

If loss is speech, is loss total and irreversible? ☐ Yes ☐ No
If no, speech at this time

If loss is extremity, where is severance? _____

In your opinion, was the loss caused by an accident independent of all causes? ☐ Yes ☐ No
In your opinion, was the loss caused in any way by illness? ☐ Yes ☐ No
If yes, list dates you provided treatment for this illness: ___/___/___

Please give an account of the accident as you understand it happened:

Dates of treatment for this accident:	(Month, Day, Year) ___/___/___	(Month, Day, Year) ___/___/___	(Month, Day, Year) ___/___/___	(Month, Day, Year) ___/___/___

To your knowledge, has the patient ever been treated for this same condition? ☐ Yes ☐ No

If yes, please explain _____

Remarks:

Name (Attending Physician) – Please Print	Degree/Professional Designation	Telephone Number ( )

Physician's Address (Number and Street, City/Town, Zip Code)

Signature	Date ___/___/___

Arkansas, Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefits 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 Residents: Any person who knowingly presents a false or fraudulent claim of 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 confinement in state prison.

Colorado Residents: 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia Residents: 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 Residents: 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.

Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceived any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law**.**

Kentucky and Pennsylvania Residents: 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 may subject such person to criminal and civil penalties.

Maine and Tennessee Residents: 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 a denial of insurance benefits.

Missouri Residents: An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether any insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not answer it.

New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico Residents: 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 Residents: 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.

North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and subjects such person to criminal and civil penalties.

Ohio Residents: 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 Residents: 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 Residents: Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and may subject such person to criminal and civil penalties.

Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 act, which may be a crime and subjects such person to criminal and civil penalties.

Washington Residents: 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.