

NOTE: PLEASE READ THIS BEFORE SUBMITTING A CLAIM

**INSTRUCTIONS FOR
FILLING OUT THIS CLAIM FORM**

NOTE: TO SCHOOL PERSONNEL AND PARENTS

Our objective at Scholastic Insurors is to provide fast and accurate claims service. Listed below are instructions that, when followed, will assist us in providing this service.

Please Note: The Accident Insurance Plan Has Exclusions and Benefit Limitations.

The Insurance Plan May Not Pay 100% For All Expenses.

WHEN TO FILE A CLAIM

1. The completed claim form and supporting documents should be sent to Scholastic Insurors within 90 days after the date of injury.

HOW TO FILE A CLAIM

1. All information on the claim form must be provided in full for us to process the claim.
2. PART A must be completed by a school official if the accident occurred during a school related activity. If the accident did not occur during a school related activity, PART A is to be completed by the parent or guardian.
3. The parent or guardian must complete PART B in full.
4. Attach *itemized* bills showing the: (a) name of patient, (b) diagnosed condition, (c) date(s) of treatment, (d) nature of treatment, and (e) charge per treatment.

WHERE TO FILE A CLAIM

Send all completed forms, itemized medical bills, etc., to:

<p>SCHOLASTIC INSURORS, INC. P. O. BOX 3194 JOHNSON CITY, TN 37602</p>

THANK YOU FOR YOUR COOPERATION