

How to Register an Account:

1. Click: <https://injuryreporting.pupilbenefits.com>
2. **FIRST** you must "Register" an account with us located at the top right of the page.
 - Each *district employee* who is responsible for filling out medical and dental claim forms MUST create their own account and register with their school email address and password. Do not share log in information for security purposes. No outside party should have access to this link – providers, parents, etc. School employees ONLY!
3. Click "Register" in the top right corner then fill out "Become Member" fields
4. A Verification Email will be sent to you once you click submit - **YOU MUST VERIFY YOUR ACCOUNT IN ORDER TO ACTIVATE IT!** Click the link. **If you do not receive this activation link, your IT needs to WHITELIST our email address: notifications@injuryreporting.pupilbenefits.com to prevent our emails from being blocked!*
5. If you have any troubles receiving the activation link, please contact Pupil Benefits Plan at (518) 377-5144 and we can manually activate you

Steps to Submitting a Claim:

1. Log into your account: <https://injuryreporting.pupilbenefits.com>
 2. Evaluate the Injury. If you are reasonably certain the child will need medical attention you will then submit an online claim to us (directions below)
1. Click "New Injury Report" OR "Injury Report"
 2. Fill the "Submit Injury" page out in ENTIRETY and be as specific as possible about how and where the injury occurred along with what body part(s) were injured.
 - "Parent Language" select the correct language as the "Parent Section" and "Parent Information Page" can be printed in either English or Spanish.
 - "Activity" use the scroll down bar to search the correct field.
 - If the injury occurred during a school sport please fill out "Interscholastic Sport"
 - If the injury occurred during FOOTBALL please fill out "Interscholastic Football"
 - P.E. injuries, select "Physical Education"
 - If an injury occurred elsewhere on school grounds during supervised school hours, select "Non-Athletic"
 - "Spec. Act" and "Location" use the scroll down bar to select the correct activity and location. If you are unsure of the activity/location you can use "Unspecified"
 - "Type of Injury" you can submit more than one body part if necessary. Click "Add another Injury" for multiple injuries. If you are unsure of the extent of the injury, you can state "Sprain" or "Unspecified"
 - Please be specific with the "Part of Body" that was injured and the "Side of Body" (Left/Right).
 3. Enter the parent/guardian information and then click "Submit".
 4. A PDF of Our Claim Form (Page 1), The Parent Section (Page 2), and the Parent Information Coverage sheet (Page 3)
 5. Print documents out, sign the front of the claim form under "Signature of principal or designated school authority:" or give the form to the correct school authority to sign, then give all paperwork to the parent/guardian to fill out and submit to us.

Once given to the parent, it becomes their responsibility to submit the "Parent Section" to us along with itemized bills and a copy of their explanation of benefits from their primary insurance if they have insurance.

If at any time you or the parent(s) have any questions about contractual of reimbursement levels, please call our office or refer the parent directly to us at 800-393-3301 and our staff will gladly assist with any questions.

Maintaining effective customer service and client relationships is one of our top priorities. We believe that speaking directly with our representatives is very important. By designating Customer Service hours between 8:00 am and 3:00 pm, we will be available to speak directly to our school districts, parents and providers.

Please forward a copy of this letter to all personnel responsible for handling your student accident claims and please ensure they are familiar with your school's coverage. Again, thank you or your business. We look forward to serving you!

**Pupil Benefits Plan, Inc.
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