National Security
Insurance Company 661 East Davis Street, Elba, AL 36323 1-800-798-2317 or 334-897-2273 Fax: 1-800-693-7507

SCHOOL CLAIM FORM

INSTRUCTIONS

Section 1: should be completed by the Principal/Coach if the injury occurred at school; by the parent if the injury occurred at home or the Recreational Director if a recreational sport injury.

Section 2: to be completed by the physician and itemized bills attached.

Section 3: should be completed and signed by the parent/guardian if payment is desired to go directly to the provider.

SECTION 1 — REPORT OF SCHOOL ACCIDENT

Child's Name:	Date of Birth	Grade	Teacher

Parents/Guardian Name:	Telephone Number:

Mailing Address:	City	State	Zip Code

Date of Accident:	Time: ☐ A.M. ☐ P.M.	Type Claim: ☐ School ☐ Football ☐ Recreational

Where did the accident happen?

How did the accident happen?

Type Injury:

Is this an aggravation of a condition that existed previously? ☐ Yes ☐ No	If yes, date of original injury:
Name of School/Recreational Department:	Policy Number:
Mailing Address:	City State Zip Code

I certify that the above person's accident occurred as described above to the best of my knowledge.

Date: Title: Signature:

SECTION 2 — ATTENDING PHYSICIAN'S STATEMENT

(A standard form may be used in lieu of this form.)

Date of Accident:	Injury Occurred at: ☐ School ☐ Football ☐ Home ☐ Recreational

Diagnosis:

How do you understand the accident happened?

Date of first treatment:	Is the patient fully recovered? ☐ Yes ☐ No

Nature of treatment or surgical procedure:

Have you previously treated the patient for a similar injury? ☐ Yes ☐ No If yes, date and type of injury:

Itemized charges (or attach an itemized bill): $

Date:	Tax ID Number:	Telephone Number:

Mailing Address:	City	State	Zip Code

Physician's Signature:

SECTION 3 — ASSIGNMENT OF BENEFITS

The National Security Insurance Company is hereby authorized to pay the benefits under the policy to the following assignees:

Dr.	Address:
Hospital:	Address:
Signed:	☐ Parent ☐ Guardian

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS GULITY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATIONS THEREOF.

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