How to File a Claim

1. Written notice of claim or Claim Report must be given to the company within twenty days of commencement of any loss covered by this policy or as soon as is reasonably possible.

2. All claim reports must be completed and signed by the camp director, chaperone, or group leader who is UNRELATED TO THE PATIENT. Report the following:
   A: Name of the disabled person (patient).
   B: Date of the disability (for either an injury or an illness).
   C: How disability was sustained.

3. Please provide:
   A: Complete medical diagnosis by the attending physician.
   B: Itemized statements for services rendered by physician or hospital.
   C: Prescription receipts complete with Rx number and price.
   D: Proof of payment with an itemized bill if payment has been made.

   Only ONE Claim Report PER incident is needed.

   Reimbursement is made directly to the medical provider unless otherwise indicated.

   Pennsylvania 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 subjects such person to criminal and civil penalties.

   ALL correspondence will be directed to the policyholder.

   American Income Life Insurance Company
   Special Risk Division
   P.O. Box 50158
   Indianapolis, IN 46250
   800-849-4820