STUDENT ACCIDENT CLAIM FORM

SUBMIT CLAIM FORM TO: Universal Fidelity Life Insurance Company
P.O. Box 304
Duncan, OK 73534-0304

Section 1 - Notice of Injury **(To be completed by School Official)**
(This section may be completed by parent if 24-Hour coverage was purchased and accident is not school-related)

Name of School District:

Name of School: School Phone No:

Name of Injured Student: □ Male □ Female Grade:

Date of Injury: Time of Injury: □ AM □ PM

Part of Body Injured: □ Right Side □ Left Side

Under whose supervision?

Was accident witnessed? □ Yes □ No If "Yes", by whom?

The accident happened while the student was participating in:
□ Interscholastic UIL Activity □ Non Interscholastic UIL Activity
Specify Sport/Activity:

Explain in detail how and where the injury occurred:

Signature of School Official:

(Title) (Date)

IMPORTANT INFORMATION ON REVERSE SIDE

Section 2 - Parent/Guardian Statement **(To be completed by Parent/Guardian)**

Name of Student: **(Full/Birth Name)** Date of Birth: Home Phone No:

Is student covered by any insurance plan? □ Yes □ No If yes, Plan/Policy No:

Parent/Guardian Name: Relationship to Student:

Address:
(Street) (City) (State) (Zip)

Father's Name: Father's Employer:

Name of Father's Insurance Company (must be completed - If Father has no insurance - write "None"):

Insurance Company: Policy No.

Mother's Name: Mother's Employer:

Name of Mother's Insurance Company (must be completed - If Mother has no insurance - write "None"):

Name of Insurance Company: Policy No.

I hereby authorize any insurance company, their authorized agent, hospital, physician, employer, school official or other person who has attended or examined the claimant to disclose when requested to do so all information with respect to any injury, policy coverage, medical history, consultations, prescription or treatment, and copies of all hospital or medical records, and itemized bills. A photo static copy of this authorization shall be considered as effective and valid as the original. I swear that the above information is true and correct to the best of my knowledge and further understand that any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

(Date) **(Print Name of Student)** **(Signature of Parent/Guardian)**