



Please complete form by typing or printing clearly in ink and return to:
 On Call International Claims Department
 11 Manor Parkway – Salem, NH 03079
 Ph: 855-878-9590
 Fax: 603-898-9172
TPAclaims@oncallinternational.com

A. CLAIMANT INFORMATION		
Claimant Name	DOB (MM/DD/YYYY)	ID Number
Group Name (Institution, Organization, Resort)	Social Security #	Gender
Home Address		
Phone Number	Email Address	

B. INSURED PERSON AND POLICY INFORMATION	
Policy Number	Policy Name
Name of Insured Person	Relationship to Claimant
Effective date (MM/DD/YYYY)	Termination Date (MM/DD/YYYY)

C. BENEFICIARY INFORMATION		
(1) Name	DOB (MM/DD/YYYY)	Gender
Relation to Claimant	Social Security #	Phone Number
Address		
(2) Name	DOB (MM/DD/YYYY)	Gender
Relation to Claimant	Social Security #	Phone Number
Address		

D. CLAIM INFORMATION		
Nature of the Injury	Date of Injury (MM/DD/YYYY)	Date of Death (MM/DD/YYYY)
Describe how and where the accident occurred :		
<hr/> <hr/>		
Was the accident related to Employment? ____ Yes ____ No	Was the accident related to an Automobile Accident? ____ Yes ____ No	
Name of Attending Physician	Name of Medical Facility	
Address		



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E. AUTHORIZED SIGNATURE

AUTHORIZATION: I hereby authorize On Call International or its representative, to inspect or secure copies of case history records, laboratory reports, diagnosis, prognosis, x-rays, and any other data necessary to determine eligibility of benefits. I also authorize On Call International or its representative to release and share claim information including that which may be used in the identification and prevention of potential fraudulent activity to any insurance support organization, fraud information clearinghouses, designated service providers and business associates assisting in the processing of this claim. A photostatic copy or facsimile of this authorization shall be deemed as effective and valid as the original. This authorization is valid for twelve (12) months from date of signature.

Signature of Claimant or Authorized Representative	Date
Signature of Beneficiary (1)	Date
Signature of Beneficiary (2)	Date

F. INSTRUCTIONS FOR FILING A CLAIM

Please note that sending an incomplete form will result in a delay of processing your claim.

In order to complete your claim, follow these steps.

- A notarized copy of the Death Certificate must accompany this form
- A copy of any police report, autopsy report and/or toxicology report must accompany this form if applicable
- Submit proof that Claimant was eligible for coverage at time of claim including travel itinerary, confirmation of accommodations and invoices, if applicable.

G. INTERNATIONAL BANK INFORMATION - Complete this section if On Call is to issue to any address outside the United States

Name of Receiving Bank	Phone of Receiving Bank
Address of Receiving Bank	Account Number
Name on Account	ABA Routing # (if applicable)
SWIFT Code for Receiving Bank	IBAN # (if applicable)



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IMPORTANT NOTICE

Fraud Warning: Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

Notice to Arizona Claimants: For your protection Arizona Law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Notice to California Claimants: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Colorado Claimants: It is unlawful to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder of claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Hawaii Claimants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

Notice to Idaho Claimants: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement or claim containing a false, incomplete or misleading information is guilty of a felony.

Notice to Kentucky Claimants: 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.

Notice to Oklahoma Claimants: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to Pennsylvania Claimants: 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.

Notice to Texas Claimants: 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.