TSS Total Scholastic Solutions | ism INSURANCE

ACCIDENT INSURANCE CLAIM FORM

Policyholder or Certificateholder Name_____ Policy or Certificate No._____

Claimant's Name_____ Date of birth:_____

Last Name First Name Grade level Email:

Current Home Address _____

No. & Street City State Zip Code Phone No.

Date & time of injury_____ Date of 1st treatment_____ Boarding Status ☐ No ☐ Yes

Gender ☐ F ☐ M

Was the claimant involved in a Policy or Certificateholder sponsored and supervised activity at the time of injury? ☐ No ☐ Yes

If yes, under whose supervision?_____ Was He/She a witness? ☐ No ☐ Yes

Type of activity _____ Describe how and where accident occurred: _____

_____

_____

The following must be completed by school official if injury occurred during Policy or Certificateholder activity

Printed Name of Policy or Certificateholder Official_____ Title:_____

Official's Signature_____ Phone No._____

PARENT (OR GUARDIAN) INFORMATION (must be completed if claimant is a minor)

Name of Mother_____

Address_____

No. & Street City State Zip

Home Phone No. _____

Employer Name _____

Address:_____

No. & Street City State Zip

Employer Phone No._____

Name of Father:_____

Address_____

No. & Street City State Zip

Home Phone No.:_____

Employer Name:_____

Address:_____

No. & Street City State Zip

Employer Phone No._____

Is claimant covered under any other insurance policy(s)? No Yes If yes, please provider the following:

Name of Carrier_____ Policy No._____ Name of Policyholder:_____

Name of Carrier_____ Policy No. _____ Name of Policyholder::_____

NEW YORK FRAUD WARNING: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SEE PAGE 3 FOR OTHER STATES' FRAUD WARNINGS.

AUTHORIZATION: I hereby authorize Crum & Forster, United States Fire Insurance Company 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 Crum & Forster, United States Fire Insurance Company 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 photo static 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. **I HAVE REVIEWED AND ACKNOWLEDGE THE ATTACHED FRAUD WARNING.**

SIGNATURE OF CLAIMANT (OR PARENT IF MINOR)_____ **DATE**_____

Claim Submission. Complete this form and email it to eclaims@tssadministration.com

Claim Inquiries/Status. Contact our Customer Service Team at customerservice@tssadministration.com

Accident-Only Claims Submission Process

What You Need to Know

- A **Claim Form must be fully completed** by both the **School Official** and the **Parent/Guardian** and submitted **within 90 days from the date of the accident**.
- If you have **primary insurance**, you must first submit the expenses to your primary insurance. The **Explanation of Benefits (EOB)** from the primary insurer must be submitted along with **itemized bills**.
- If you **do not have primary insurance**, only **itemized bills** are required.

Required Documentation

Submitting the correct documentation ensures the timely processing of your claim:

- ✓ Completed Claim Form
- ✓ Primary Insurance EOB (if applicable)
- ✓ Original Bills and Receipts showing:
  - ✓ Services received
  - ✓ Amount paid or outstanding balance
  - ✓ Dates of Service (DOS)
  - ✓ Diagnosis Code (ICD-10)
  - ✓ Type(s) of Service or Procedure Code(s)
  - ✓ Provider Charges for each service
  - ✓ Provider Information (Name, Tax ID, Address, etc.)

Claim Form Instructions

Top Section – To Be Completed by the School (Policyholder):

- Include the **policy number**
- **Grade level** must be specified to ensure correct benefit processing
- **Boarding status (Yes/No)** is required
- **Signature** of the School Representative is mandatory

Middle Section – To Be Completed by the Parent or Guardian:

- List any **primary insurance policies**
- If the student is a **minor**, a **parent/guardian must sign**
- If the student is **18 years or older**, they may sign the form themselves

Helpful Tips

- Hover over form fields (if filling electronically) to view tooltips for additional guidance
- To submit the form, click the **"Submit Online"** button at the top of the form — this will open an email addressed to the Claims Department with the completed form attached

Where to Submit Claims

For Member Reimbursement, contact the TSS Eclaims team at eclaims@tssadministration.com

For Claims Inquiries/Payment Status, contact the TSS Customer Service team at customerservice@tssadministration.com

For Medical Providers Submitting Claims:

Please inform all healthcare providers who have treated or will treat your child that the student is covered under the school's accident insurance plan as a secondary payor, unless primary insurance is unavailable. Providers can submit claims directly using the following information: **Payor ID:** 68251, **Mailing Address:** **TSS Administrative Services**
PO Box 211008
Eagan, MN 55121

⚠ **Important: Incomplete Claim Forms and Documentation may be returned and could result in processing delays.**

FRAUD WARNING STATEMENT

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA: 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.

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

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KANSAS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY: Application: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Claim Form: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Claim Form: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: 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.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefit.

TEXAS: 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.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.