1. FULLY COMPLETE THIS FORM
2. ATTACH ITEMIZED BILLS
3. MAIL TO HSR

EMAIL: Berkley@HSRI.com

HSR
Health Special Risk, Inc.

Berkley
Accident and Health
a Berkley Company

EMERGENCY EVACUATION, REPATRIATION AND MEDICAL EXPENSE CLAIM FORM

Insurance coverage is underwritten by Berkley Life and Health Insurance Company, (domiciled in Iowa - California Certificate of Authority #08527) or StarNet Insurance Company (domiciled in Iowa - California Certificate of Authority #6978), 2445 Kuser Road, Suite 201, Hamilton Square, NJ 08690.

MAIL CLAIM TO:
Health Special Risk
8400 Belleview Dr, Suite 150, Plano, TX 75024

Phone: (972) 512-5600
Toll Free: (866) 523-3269

Fax: (972) 512-5820
Email: Berkley@HSRI.com

PART 1 – POLICYHOLDER'S REPORT

POLICYHOLDER:	**POLICY NUMBER:**
CLAIMANT'S NAME (INJURED PERSON):	
SOCIAL SECURITY NUMBER OF INJURED PERSON: *Please note that the Injured Person's Social Security Number **MUST** be provided as required by the Center for Medicare Services.*	
GENDER: ☐ M ☐ F **DATE OF BIRTH:**	**EMAIL:**
ADDRESS OF INJURED PERSON AND BEST CONTACT PHONE NUMBER (INCLUDE AREA CODE). Policyholder address will be used in lieu of claimant address when not available.	
IF APPLICABLE, PARENT'S NAME, ADDRESS, AND BEST CONTACT PHONE NUMBER (INCLUDE AREA CODE):	
DATE & TIME OF ONSET:	**PLACE OF OCCURRENCE:**
THE CLAIMANT IS: ☐ Employee ☐ Spouse ☐ Dependent Child ☐ Guest	
MEDICAL REASON FOR EVACUATION AND/OR REPATRIATION:	**DID THIS SICKNESS OR INJURY RESULT IN DEATH?** ☐ YES ☐ NO
DESCRIBE HOW THE INJURY OCCURRED. Please give all possible details.	
APPROVER NAME & PHONE NUMBER:	

AUTHORIZATION TO RELEASE MEDICAL INFORMATION: I hereby authorize any physician or medical practitioner, hospital, other organization, institution, or person that has any medical records or knowledge of me or my family as diagnosis, treatment, and prognosis regarding any physical, mental, drug or alcohol condition of any and all such information to be given to Berkley Group Companies: Berkley Life and Health Insurance Company, StarNet Insurance Company, or its authorized Administrators or their legal representatives.

Any information obtained will not be released by the Company, except to persons or organizations performing business or legal services in connection with my claim. A photocopy of this authorization shall be valid as the original and is valid for 24 months from the date shown below (In CA, CT, GA, HI, MA, MN, NC, NJ, OH, and VA authorization shall be valid during the duration of the claim). I understand that my authorized representative or I will receive a copy of this authorization upon request.

DECLARATION: These statements are true and complete to the best of my knowledge.

FRAUD WARNING: 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. **FOR RESIDENTS OF NEW YORK:** 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. (Fraud language varies by state. Please see below.)

SIGNATURE OF AUTHORIZED REPRESENTATIVE	**TITLE OF AUTHORIZED REPRESENTATIVE**	**DATE**

Notice to CALIFORNIA RESIDENTS – Please refer to the attached Notice of Personal Information Collected pursuant to California Consumer Privacy Act (CCPA).

By entering your name above, you are signing this claim form electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this claim form.

PART 2 – ATTENDING PHYSICIAN STATEMENT (To Be Completed by Treating Physician)

Full Name of Patient: _____ Patient's Date of Birth: _____

Patient's Diagnosis: _____ ICD Code: _____

Date of first examination or consultation for this diagnosis: _____ Date of latest Treatment: _____

Please list all dates of examination/treatment for this condition from initial consultation to present: _____

_____

Was patient hospitalized as a result of Accident/Sickness: Yes ☐ No ☐

If hospitalized, date confined: _____ Name of Hospital: _____

Was patient treated by any other medical professional: Yes ☐ No ☐ If yes, by whom? _____

Fraud warning: Fraud Warning: 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. For New York see the following, all other state specific states, please see below)

For residents of New York: 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.

Attending Physician Name: _____ Phone: _____

Attending Physician Address: _____
(Street)

_____
(City) (State) (Zip)

X _____ Date: _____
Signature of Attending Physician

STATE SPECIFIC FRAUD WARNINGS

FOR RESIDENTS OF 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.

FOR RESIDENTS OF 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.

FOR RESIDENTS OF CALIFORNIA: For your protection California law requires the following to appear on this form, Any person who knowingly presents a 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.

FOR RESIDENTS OF 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.

FOR RESIDENTS OF DELAWARE AND IDAHO: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

FOR RESIDENTS OF 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.

FOR RESIDENTS OF 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.

FOR RESIDENTS OF KANSAS: 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 insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

FOR RESIDENTS OF KENTUCKY: 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.

FOR RESIDENTS OF 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.

FOR RESIDENTS OF MAINE, TENNESSEE, VIRGINIA AND 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 may include imprisonment, fines or a denial of insurance benefits.

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

FOR RESIDENTS OF 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.

FOR RESIDENTS OF NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

FOR RESIDENTS OF 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.

FOR RESIDENTS OF OHIO AND OKLAHOMA: 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.

FOR RESIDENTS OF 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.

FOR RESIDENTS OF 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.

FOR RESIDENTS OF VERMONT: Any person who knowingly presents a false statement in a claim for proceeds of an insurance policy may be guilty of a criminal offense and subject to penalties under state law.

W. R. Berkley Corporation
Notice of Personal Information Collected
(Pursuant to the California Consumer Privacy Act (CCPA))

This notice applies only to information received and collected by W. R. Berkley Corporation ("Berkley") from residents of the state of California.

In this notice, when we refer to "we", "us" or "our", it means one or more operating units of W. R. Berkley Corporation ("Berkley operating units").

When we refer to "you" and "your" in this notice, we mean a resident of the state of California whose personal information we may collect. More information about W. R. Berkley Corporation operating unit subsidiaries can be found on https://www.berkley.com/our-business/operating-units.
Below is a table showing the categories of personal information that one or more of the Berkley operating units collect in the course of performing insurance services and how it is used, Not every Berkley operating unit collects every category of personal information or uses it in all the ways listed below.

Personal Information Category	How it is Used
Identifiers (such as name, address, social security #, driver's license #, etc.) **Other Sensitive Information under California Law** *(Examples: physical description, financial information, medical information, etc.)* **Characteristics of protected classifications under California or federal law** *(Examples: race, sex, color, religion, national origin, marital status, etc.)* **Biometric information** *(Examples: fingerprints, keystroke patterns, gait patterns, sleep/health data, etc.)* **Geolocation Data** *(Information to identify physical location)* **Audio, electronic, visual, thermal, olfactory, or similar information.** *(Examples: audio and video recordings)* **Professional or employment-related information.** *(Example: job history)* **Education information** (information not publicly available as defined under federal law)	To perform insurance services for policyholders/ beneficiaries/claimants; maintain and improve quality of services; security; prevent fraud and improper use; internal research; identify and repair errors; comply with laws and regulations.
Commercial information *(Examples: records of personal property, products, and services purchased or obtained, etc.)*	To perform insurance services for policyholders/ beneficiaries/claimants; security; prevent fraud and improper use; internal research; collections; comply with laws and regulations.

Internet or other electronic network activity information *(Examples: browsing/search history, visitor's interaction with a website, etc.)*	To perform insurance services for policyholders/ beneficiaries/claimants; maintain and improve quality of services; security; prevent fraud and improper use; internal research; identify and repair errors; comply with laws and regulations.
Inferences drawn from any of the other categories of information. (use of any of the above categories to create a profile about a consumer)	To perform insurance services for policyholders/ beneficiaries/claimants; maintain and improve quality of services; security; prevent fraud and improper use; internal research; identify and repair errors; comply with laws and regulations.

NEED MORE INFORMATION?

For additional information about how we collect, use, and share personal information, about California consumers' rights under the CCPA, and to make a consumer request, please see our online Privacy Policy at: https://www.berkley.com/privacy

This notice was updated on December 30, 2019