

Name of (Inter)national

Fraternity/Sorority

Holmes Murphy 13810 FNB Parkway Ste. 300 Omaha, NE 68154 800-736-4327 ext. 4194 Fax 800-328-0522

Fraternity/Sorority
Member Accident Protection
Program (MAPP)
Claim Form

Policy Number

Instructions for Filing a Claim

Member Coverage Information and Initial Claim Reporting Call Holmes Murphy at 800-736-4327

Complete this form (including the appropriate signatures) and submit the completed form to MAPP@holmesmurphy.com

fax 800-328-0522

In order to pay claims, we must have your Social Security Number

Part 1 – INJURED MEMBER REPORT

College or University Where Chapter is Located

| Alpha Epsilon Pi | | | | | 4102AH302506-12 |
|--|--|---------------------------|------------|--------------|--|
| Name of Injured Person Injured Person's Permane | Social Security Number (Required) | Gender Male Female City | Date of | Birth Zip | Member's Email Address Parent's Email Address Member Cell Number Parent's Cell Number |
| | CI AIRA INIT | ODMATICAL | | | |
| CLAIM INFORMATION 1. Date and time of the accident: | | | | | |
| 3. Nature of injury: | (Indicate Part of Body Injur occurred – give all possible d | ed – e.g. broken | arm, sprai | ined ankle, | etc.) |
| C. While on the job (D. During intercollegE. During a university | ed or leased property? | ? | | s located? | Yes No |
| 6. If the injury occurred durin | g a Fraternity sponsored Even | nt, Please provide | e the name | e and locati | on of the Event: |

FOR DENTAL CLAIMS ONLY

| A. Indicate which teeth were involved in tB. Describe condition of injured teeth pricWhole, Sound, and NaturalFilled | ior to accident: | | | | |
|---|---------------------------------------|----------------------------------|--|--|--|
| Part 2 – OT | THER INSURANCE STATEMENT | г | | | |
| Does your/spouse/parent have medical/health ca on you? Yes No | are coverage through an employer or o | other source | | | |
| If Yes, Name of insurance companyPolicy # | | | | | |
| Is the Claimant enrolled as an individual, employee or dependent member of one of the following? Preferred Provider Organization (PPO), Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan? Yes No | | | | | |
| If Yes, Name of insurance company Policy # | | | | | |
| IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES of their EXPLANATION OF BENEFITS along with your claim. IF NO OTHER INSURANCE or HEALTH PLAN EXISTS, PLEASE READ & SIGN BELOW. I agree that should it be determined at a later date there is insurance (or similar), to reimburse Markel Insurance Company to the extent of any amount collectible. | | | | | |
| Signature of Participant or Parent: | Witness: | Date | | | |
| AUTHORIZATION TO PAY BENEFITS TO PROVIDER: | | | | | |
| I authorize medical payments to physician or supplier for services described on any attached statements enclosed. | | | | | |
| Signature: | Date: | | | | |
| I AUTHORIZE any insurance company, hospital, physician, medical care provider, clinic, medical care facility, government-sponsored health plan, or employer having information available as to diagnosis, treatment and prognosis with respect to any illness, injury, physical or mental condition, and/or treatment for me or my minor children now or in the past, to give to Markel Insurance Company (MIC) or its legal representative, any and all such information. I UNDERSTAND the information obtained by use of the Authorization will be used by MIC to determine eligibility for insurance and eligibility for benefits under any existing policy. Any information obtained will not be released by MIC to any person or organization EXCEPT as necessary in connection with the processing of this application, claim, or as may be otherwise lawfully required or as I may further authorize. I KNOW that I may request to receive a copy of this Authorization. I AGREE that a photographic copy of this Authorization shall be valid as the original. I also AGREE this Authorization shall be valid for a period of two years from the date shown below. I may revoke this authorization at any time by written request to MIC. I CERTIFY that the above information given by me in support of this claim is true and correct. | | | | | |
| • | | • | | | |
| • | e above information given by me in su | ipport of this claim is true and | | | |

LOSS PAYEE

| All providers are initially paid in full. Upon final payment to providers, remaining funds will be issued payable to the payee indicated below and mailed to the address provided below. | | | | |
|--|---------------------------|--|--|--|
| Name: | Relationship to Claimant: | | | |
| Address: | | | | |
| Phone: | - | | | |
| Email: | | | | |

Please Note

In furnishing this or other claim forms fro the convenience of the claimant, the MARKEL INSURANCE COMPANY does not admit any liability or waive any rights. MARKEL INSURANCE COMPANY reserves the right to ask for other information if it is deemed necessary. All expenses incurred in connection with furnishing the necessary proof of loss are the responsibility of the covered person.

FRAUD STATEMENTS

<u>GENERAL:</u> 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.

Applicable in AL, AR, LA, MD, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD only.

Applicable in AK: 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.

Applicable in AZ: 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.

Applicable in CA: 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.

Applicable in CO: 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.

Applicable in DE and ID 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.

Applicable to DC Residents: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: 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).

Applicable in IN: 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.

Applicable in KS: 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 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 commits a fraudulent insurance act.

Applicable in KY: 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.

Applicable in ME, TN, and WA: 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 and denial of insurance benefits. *Applies in ME only. **Applicable in MN:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NH: 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.

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

Applicable in NM: 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.

Applicable in NY and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in OH: 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.

Applicable in OK: 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.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application or by filing a claim containing a false statement as to any material fact may be violating state law.

Applicable in TX: 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.

Applicable in VA: Any person who, with the 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 may have violated the state law.

Applicable in VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.