

NEA EDUCATORS EMPLOYMENT LIABILITY CLAIM FORM

I. Member and occurrence information

1. Association: State Affiliate _____ Local _____ NEA ULSP/DLMS # _____
 Mr. _____ (if applicable)
 Ms. _____
 2. Member's Name _____ 3. NEA/Affiliate Membership # _____
 First Middle I. Last
 4. Address _____ 5. Date of birth _____
 Street
 6. Telephone # (Home) (_____) _____
 City State Zip Telephone # (Work) (_____) _____
 7. E-mail address _____ 8. Fax number (_____) _____

| | | | |
|---|------------------------------|-----------------------------------|------------------------------------|
| 9. Member occupation (circle one) | | | 10. Level (circle one) |
| A. Administrator | I. Health/Physical Education | Q. Voc. Education/Industrial Art | A. Elementary Teacher (K-6) |
| B. Agriculture | J. Home Economics | R. Bus Driver | B. Secondary Teacher (7-12) |
| C. Art/Music | K. Math | S. Cafeteria | C. Higher Education Faculty |
| D. Business Education | L. Nurse or Health Aids | T. Clerical | D. Other (specify) |
| E. Driver Education | M. Psychologist | U. Guard | E. Educational Support (K-12) |
| F. Elementary Instruction (General) | N. Science | V. Teacher Aide | F. Educational Support (Higher Ed) |
| G. English/Foreign Lang./Social Studies | O. Special Education | W. Other (specify) _____ | G. Pre-K |
| H. Guidance Counselor | P. Student Teacher | X. Higher Education Faculty _____ | |

11. Member's employer (educational institution)

| | |
|----------------|---------------------------|
| Name | Address |
| City State Zip | Telephone # (_____) _____ |

 12. School district _____ Telephone # (_____) _____
 (or higher educational institution)

13. Insurance company for school district (or higher educational institution) _____ Telephone # (_____) _____

14. Occurrence: Date ____/____/____ Time _____ a.m./p.m. Location _____

15. Explanation of occurrence (state briefly) _____

16. Injured person(s)/claimant(s)
 1) Name Mr. Ms. _____ Age _____ Relationship of injured person to Insured _____
 Address _____
 2) Name Mr. Ms. _____ Age _____ Relationship of injured person to Insured _____
 Address _____

17. Nature and extent of injury _____

18. Witness(es) Mr. Ms. _____ Telephone # (_____) _____ Age _____
 Mr. Ms. _____ Telephone # (_____) _____ Age _____

19. Have you been sued? Yes No If so, state lawsuit received/served _____

20. Have you been arrested or investigated by police? Yes No Is there a criminal investigation pending? Yes No

Please attach available copies of lawsuit papers or attorney letters of representation. Do not discuss this with parties other than your association, attorney or a representative of AIG Insurance Company.

21. Name and title of person reporting _____ Reporting Date _____

All information fields on this form must be completed and the form mailed to your state association. Failure to do so may delay the processing of this claim

NOTE: Important state information on back of form

II. Information to be completed by state association

| | |
|--|--|
| 1. Membership category <input type="checkbox"/> Active <input type="checkbox"/> Agency Fee Payer <input type="checkbox"/> ESP Active <input type="checkbox"/> Student <input type="checkbox"/> Substitute <input type="checkbox"/> Retired <input type="checkbox"/> Other Member on date of occurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Membership verified by Name _____ Title _____ Date _____ Mail to: AIG c/o York Claims Services, Inc. 99 Cherry Hill Road, Suite 102 • Parsippany, NJ 07054 Attention: Jenai A. Russell 1-866-391-9675 • Fax (973) 404-1040 yorkclaimsintake@york-claims.com |
|--|--|

Provide completed original to York Claims Services, Inc., provide a completed copy to state association, provide a completed copy to member.

Applicable in Alaska

Any 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 Arizona

Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas and Louisiana

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.

Applicable in 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.

Applicable in 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.

Applicable in 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.

Applicable in District of Columbia

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 Florida

Any person who knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing false or misleading information commits insurance fraud, punishable as provided in §817.234.

Applicable in Hawaii

For your protection, Hawaii 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.

Applicable in Idaho

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

Applicable in 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.

Applicable in 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.

Generic Fraud Warning Statement, except for Nebraska

Any person who knowingly 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 is also punishable by civil penalties in certain jurisdictions.