

Tuition Refund Plan – Notice of Claim

Name of Insured Student: _____ School Name: _____

I **HEREBY AUTHORIZE** the physician to complete the Attending Physician’s Statement and to release this and other information to A.W.G. Dewar, Inc. for their use in documentation of claim for recovery from the insurance contract currently in effect.

Date _____ Authorized Person’s Signature _____
(Parent, legal guardian, or student if legal age)

PLEASE SEE THE REVERSE SIDE OF THIS FORM FOR IMPORTANT FRAUD INFORMATION REGARDING YOUR CLAIM.

This notice of claim must be submitted to the Company or its representative, A.W.G. Dewar, Inc., within 30 days after the occurrence or commencement of any covered loss.

To: A.W.G. DEWAR, INC., FOUR BATTERYMARCH PARK, QUINCY, MA 02169-7468

Section A

ATTENDING PHYSICIAN’S STATEMENT

This part of claim form to be completed by physician’s office.

Your answers to the questions below should clearly establish the *medical* necessity for absence or withdrawal.

I HEREBY CERTIFY THAT _____, a student at _____,
(NAME) (SCHOOL/COLLEGE)

has been a patient under my care and has withdrawn from school due to the following medical condition(s):

(DIAGNOSIS)

ICD Code # _____ or DSM Code # _____

The student has been unable to attend class from _____, 20 ____ through _____, 20 ____

Date first consulted for this condition _____, 20 ____ Date last consulted for this condition _____, 20 ____

Number of professional visits for this condition: Home _____ Office _____ Hospital _____

1. Is student still under your care for the above condition? _____ (YES/NO)

2. If referred to another physician, please give the name and address: _____

If student referred to you by another physician, please give the name and address: _____

3. In your opinion, did this condition have its inception prior to August 1st last? _____ (YES/NO) If “yes”, please complete (a) & (b):

(a) Did the student receive treatment for this condition between February 1 – August 1 last? _____ (YES/NO)

(b) Please provide dates of **any treatment** prior to August 1st last: _____

4. Has this student been **withdrawn** on your recommendation from classes for the rest of the current academic year? _____ (YES/NO)

Please give reason for recommending or not recommending withdrawal: _____

5. When do you anticipate student will be able to resume classes at the above-mentioned School/College? _____

6. Is student now attending or planning to enroll in another school/college (or become gainfully employed) during period of withdrawal from

above-mentioned School/College? _____ (YES/NO) If “yes”, is this with your permission? _____ (YES/NO)

Give approximate date _____
(PLEASE EXPLAIN)

7. Has the absence/withdrawal of this student resulted from the use of drugs or narcotics not authorized by a physician? _____ (YES/NO)

Signature of physician _____ M.D. Date _____

Please print name: _____ Physician License # _____

Please print address: _____ Telephone # _____

IMPORTANT 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.

TO CLAIMANTS IN ARKANSAS, LOUISIANA, MARYLAND AND TEXAS,

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR (in AR, LA or MD) KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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.

To Colorado Claimants

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.

To Claimants in Delaware, Idaho and Indiana

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.

To Florida Claimants

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 of the third degree.

To Kentucky Claimants

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.

To Minnesota Claimants

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

To New Hampshire Claimants

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.

To New Jersey Claimants

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

TO NEW MEXICO CLAIMANTS

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.

To New York 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 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.

To Ohio Claimants

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.

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.

To Oregon Claimants

Any person who knowingly and with the intent to defraud any insurer provides false or misleading information concerning any fact material to a risk to be insured or to a claim for loss or benefits may be guilty of a crime.

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.

To Claimants in Virginia, Washington and any State not listed above

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 or a denial of insurance benefits.