



Chubb Travel Protection Claim Form

Attending Physicians Statement

Section A. Insured Information

Plan Purchased: _____ Policy ID Number: _____

Name: _____ Date of Birth: _____

Parent or Guardian Name (if under 18): _____

Home Address: _____

Home Telephone #: _____ Work Telephone #: _____

Email Address: _____ Preferred Contact Method: _____

Reason for Claim:

Section B. Medical Information *(to be completed by Physician Rendering Treatment)*

Patient's Name: _____

Diagnosis: _____

Date symptoms or injury first occurred: _____

Date first consulted for this condition: _____

Has the patient ever had the same or similar condition? Yes No

If yes, please provide the date of the condition: _____

Did you advise the trip to be cancelled due to the patient's medical condition? Yes No

If yes, please provide details including date you advised the trip to be cancelled:

Does the patient's condition render them totally or partially disabled? Yes No

If yes, disability dates: Total: From _____ To _____ Partial: From _____ To _____

Was the patient able to return to work? Yes No

If yes, return to work date: _____

If patient is/was Hospital Confined, Hospital confinement dates: From _____ To _____

Hospital Name: _____

Please email your completed claim form with legible documentation to:

Administrative Concepts, Inc.
994 Old Eagle School Road Suite 1005 Wayne, PA 19087-1802
Email: chubbtravel@acitpa.com



Section C. Declaration

I declare that the information given is to the best of my knowledge and belief, full, true and correct:

Physician Signature _____ **Date** _____

I declare that the information given is to the best of my knowledge and belief, full, true and correct:

Signature of Insured or Authorized Representative _____

Relationship (if other than insured) _____ Date _____

Insured Address _____

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Fraud Warning: Certain states require specific state mandated fraud language to be included on all claims forms while other states use a generalized fraud statement. We have adopted the fraud warning language prescribed by the District of Columbia as its standard fraud statement. Unless otherwise noted below this statement shall be included on all claims forms, applications and enrollment forms.

District of Columbia Generic 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.

The following states have required us to use state specific language as follows:

California

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.

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.

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.

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 thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the process of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

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 and subjects such person to criminal and civil penalties.

Maryland/Oregon

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

Virginia

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 may have violated state law.

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