GIRL SCOUTS OF THE U.S.A.
CLAIM FORM

Mail any additional bills (properly identified by injured person and Council name) to:

Special Risk Services
United of Omaha Life Insurance Company
P.O. Box 31156
Omaha, Nebraska 68131
1-800-524-2324

CLAIMANT INFORMATION — ALL QUESTIONS MUST BE ANSWERED

Name of claimant | Identification Number | Age | Date of Birth

Claimant's address | Number and Street | City | State | ZIP Code

If claimant is a minor, name of parent or guardian | Phone Number ( ) -

Address of parent or guardian | Number and Street | City | State | ZIP Code

If your organization has selected coverage containing a Nonduplication amount, the benefits will be considered as follows: The Nonduplication amount, as stated in your selected coverage, of medically necessary services and supplies can be paid regardless of other insurance coverage. For expenses over the Nonduplication amount, or if you expect the total to exceed the Nonduplication amount, you must submit to your primary insurance carrier. We require their Explanation of payment even if it is applied to your deductible. If Denied, send a copy of your denial notice. Include itemized bills.

Father, Guardian or Claimant's (if adult) Employer's Name and Address: _____

_____ **Phone No. (_____) _____ - _____**

Mother, Guardian or Spouse's Employer's Name and Address: _____

_____ **Phone No. (_____) _____ - _____**

Name of all companies providing your insurance coverage or prepaid health plans.

Name of Company	Address	Policy or Certificate No.

If you do not have other coverage, sign and date the following statement.

I, _____ , on_____ , verify there is no other insurance coverage available for these and all expenses related to this claim.

I hereby certify that all above information is true and complete.

_____ _____
Signature (Parent/Guardian) **Date**

Authorization for Release of Information

I authorize the Mutual of Omaha Insurance Company and/or its affiliated companies to disclose my or my children's personal information to Girl Scouts U.S.A. for purposes of claim confirmation.

The personal information may include such items as claim and medical information, including diagnosis, mental and physical condition, prescription drug records, and other related claim information.

I understand that I may refuse to sign this authorization. My refusal to sign will not affect my enrollment, my eligibility for benefits or my ability to obtain payment, but may delay the processing of my claim.

If the person or entity to whom information is disclosed is not a health care provider or health plan subject to federal privacy regulations, the information may be redisclosed without the protection of the federal privacy regulations.

Unless revoked earlier, this authorization will remain in effect for 24 months from the date I sign it. I understand that I may revoke this authorization at any time, by written notice to: Mutual of Omaha Insurance Company, ATTN: Special Risk Claims, Mutual of Omaha Plaza, Omaha, NE 68175.

I understand that I am entitled to receive a copy of the signed authorization.

_____ _____
Signature **Date**

_____
Relationship to Insured

ATTACH ITEMIZED BILLS WITH A DOCTOR'S DIAGNOSIS

OVER →

GIRL SCOUT LEADER STATEMENT

Troop Number _____

Level: 0 ☐ Daisy 1 ☐ Brownie 2 ☐ Junior 3 ☐ Cadette 4 ☐ Senior 5 ☐ Adult Member 6 ☐ Nonmember Child 7 ☐ Nonmember Adult 8 ☐ Staff 9 ☐ Seasonal Staff 51 ☐ Ambassador

Name of Council | Council No. | Phone Number ( ) -

Council's address | Number and Street | City | State | ZIP Code

Date and place of accident or sickness	Date and location	Nature and details of injury or sickness
Activity information	Type of activity (check below): 1. ☐ Autos/Vehicles ☐ Driver ☐ Passenger ☐ Pedestrian 2. ☐ Slips/Falls on/at/over/from ☐ Equipment/Furniture ☐ Animals ☐ Other (carpet, log, stairs, etc.) 3. ☐ Using Tools ☐ Saw ☐ Knife ☐ Stove ☐ Kiln ☐ Other 4. ☐ Aquatics (in/on water) ☐ Swimming/Diving ☐ Boating/Canoeing ☐ Water Skiing 5. ☐ Poisonous Plants/Insects (poison ivy/bee stings) 6. ☐ Skating ☐ Roller ☐ Ice 7. ☐ Illness/Sickness 8. ☐ Other Accident	
Overnight events	Was this an overnight event? ☐ Yes ☐ No If "Yes," number of nights _____ Name of event: Indicate dates of attendance from to	
Troop validation or authorized activity representative's validation	We hereby certify that the insured person is a currently registered Girl Scout or that the required premium for insurance coverage has been paid for this person and that the claimant was participating in an authorized Girl Scout activity as described above. Activity Representative's Signature/Troop Leader's Signature — Date Street Address — City — State — ZIP Code Did injury occur during course of employment? ☐ Yes ☐ No **Claims covered by the Council's workers' compensation policy should not be submitted to United of Omaha.**	
COUNCIL USE ONLY	I certify that this injury or sickness occurred as described and that the activity was sponsored and supervised by the Girl Scouts. Council Official's Signature — Date	**Claim is made under the following Plan:** ☐ Plan 1 - Basic Coverage ☐ Plan 2 - Participant Accident ☐ Plan 3E - Extended Event ☐ Plan 3P - Extended Event ☐ Plan 3PI - International Extended Event ☐ International Inbound

Fraud Statements

The following fraud language is attached to, and made part of this claim form. Please read and do not remove these pages from this claim form.

** **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.

** **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.

** **Arkansas or 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.

** **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.

** **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.

** **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.

** **District of Columbia:** 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.

** **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.

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

** **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.

** **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.

** **Maine, Tennessee, Virginia or 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 include imprisonment, fines and a denial of insurance benefits.

** **Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

** **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.

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

** **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.

** **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. (PURSUANT TO 11 NYC RR86)

** **Ohio:** 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.

** **Oklahoma:** 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.

** **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.

** **Puerto Rico:** Any person who knowingly, and with intent to defraud or deceive any insurance company includes false information in an application for insurance or files, assists, or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefits, or files more than one claim for the same loss or damage, may be guilty of a felony. Upon conviction, that person will be fined between $5,000 and $10,000, imprisoned for three (3) years or both. Aggravating or attenuating circumstances may result in the prison term being increased to five (5) years or reduced to two (2) years.

** **Texas:** 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.

** **If you live in a state other than mentioned above, the following statement applies to you:**
Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided by the claimant.