



Homer-Center High School  
Homer-Center School District  
*"Where Everybody is Somebody"*

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Homer-Center High School  
70 Wildcat Lane  
Homer City, PA 15748  
Jody Rainey - Principal  
Phone: 724-479-8026  
Fax: 724-479-4236

Dear Parent:

Homer-Center School District carries a Student Accident Insurance Policy that covers students participating in all Homer-Center sanctioned athletic, cheer and marching band programs. Unfortunately, you are receiving this notice because your child has been reported as having sustained an injury in one of the covered activity areas. Our policy is an excess insurance policy meaning there is potentially additional coverage to pay your expenses not covered by your own personal health care coverage.

Please complete the enclosed Special Risk Organization: Participant Accident Claim Form and return the form along with a copy of the itemized bills or an Explanation of Benefits to Mrs. Sharon Mechling in the high school office. If you have any questions regarding the form or available coverage please contact Mrs. Mechling at 724-479-8026 x 3125. Your prompt attention to this matter is appreciated to assure the expedient processing of the claim.

I hope your child is progressing from the sustained injury and will be back to full strength soon.

Respectfully,

Jody Rainey  
Principal



P.O. Box 979  
 Valley Forge, PA 19482  
 610.933.0800  
 Fax: 610.935.2860  
 www.agadministrators.com

## Special Risk Organization Participant Accident Claim Form

Please complete and submit to A-G Administrators with itemized medical bills and primary insurance explanation of benefits. For questions, please contact A-G Administrators.

Special Risk Organization \_\_\_\_\_

Participant's Name \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

Date of Birth \_\_\_\_\_ Sex  M  F SOCIAL SECURITY # \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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School Address \_\_\_\_\_  
STREET CITY STATE ZIP

Home Address \_\_\_\_\_  
STREET CITY STATE ZIP

### ACCIDENT INFORMATION

Activity \_\_\_\_\_ Accident Date \_\_\_\_\_

Body Part Injured \_\_\_\_\_ Place of Accident \_\_\_\_\_

Nature of Injury — Details of What Happened \_\_\_\_\_

### INSURANCE INFORMATION

Does the claimant have primary insurance?  Yes  No *(Attach separate sheet if necessary.)*

Insurance Company Name & Address \_\_\_\_\_

Policy Number \_\_\_\_\_ ID# \_\_\_\_\_

### AUTHORIZATION

**AFFIDAVIT:** I verify that the statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse A-G Administrators to the extent for which A-G Administrators would not have been liable.

**AUTHORIZATION TO RELEASE INFORMATION:** I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Administrators and its designees.

**PAYMENT AUTHORIZATION:** I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

\_\_\_\_\_  
 PARTICIPANT SIGNATURE *(Parent or guardian, if participant is a minor)* Date \_\_\_\_\_

\_\_\_\_\_  
 SPECIAL RISK ORGANIZATION SIGNATURE Title Date \_\_\_\_\_

**FRAUD WARNING:** Any person who, knowingly and with intent to defraud, or helps commit a fraud against, any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties. For residents of the following states, please see below: California, Colorado, District of Columbia, Florida, New York, Tennessee, Texas or Virginia.

**California & Texas Residents:** 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 Residents:** 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.

**District of Columbia 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.

**Florida Residents:** 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 Residents:** 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.

**Tennessee Residents:** 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 denial of insurance benefits.

**Virginia Residents:** 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 state law.