P.O. Box 979, Valley Forge, PA 19482
610.933.0800 Fax: 610.933.4122
www.agadministrators.com

US Rowing Insurance Program — Accident Claim Form

Complete claim form and submit to A-G Administrators with itemized medical bills and primary insurance explanation of benefits.

Name _____ Sex ❑ Male ❑ Female
FIRST NAME MIDDLE INITIAL LAST NAME

LAST FOUR SOCIAL SECURITY NUMBERS

Home Address _____
STREET CITY STATE ZIP

Phone Number _____ Date of Birth _____ Email Address _____

If insured, please provide information regarding all medical / healthcare coverage(s). 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 the Company to the extent for which the Company 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 US Rowing 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.

SIGNATURE *(Parent or guardian, if participant is a minor)* _____ DATE _____

TO BE COMPLETED BY US ROWING OFFICIAL

Injury Date _____ Circumstance: ❑ Practice ❑ Regatta ❑ Conditioning

Place of Accident: _____ Body Part Injured: _____

Nature of Injury — Details of What Happened: _____

_____

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 the Company to the extent for which the Company would not have been liable.

_____ _____ _____
SIGNATURE OF US ROWING OFFICIAL **TITLE** **DATE**