

STUDENT ACCIDENT CLAIM FORM

INSTRUCTIONS: THIS CLAIM FORM IS TO BE USED FOR CLAIMS ON DEATH, DISMEMBERMENT, FRACTURE OR DISLOCATION, TUTORIAL AND CONFINEMENT BENEFITS.

- READ YOUR POLICY CAREFULLY TO DETERMINE THE BENEFITS TO WHICH YOU MAY BE ENTITLED
- COMPLETE THE CLAIM FORM CLEARLY, ANSWERING ALL QUESTIONS
- IN THE EVENT OF DEATH, ENCLOSE A DEATH CERTIFICATE AND A COPY OF THE BIRTH CERTIFICATE
- SUBMIT YOUR CLAIM TO SASKATCHEWAN BLUE CROSS, P.O. BOX 4030, SASKATOON S7K 3T2

• RETAIN 2nd COPY FOR YOUR RECORDS

POLICY NUMBER

A. PATIENT INFORMATION - PLEASE TYPE OR PRINT CLEARLY

SURNAME	FIRST NAME	AGE	GRADE	TELEPHONE NO.
ADDRESS		POSTAL CODE		

NAME OF SCHOOL _____ ADDRESS _____
 LOCATION OF ACCIDENT _____

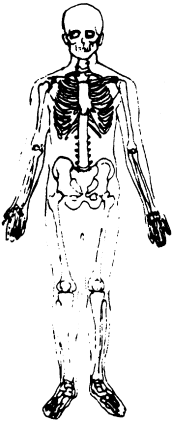
DATE OF ACCIDENT OR DEATH: _____ A.M. P.M. ENROUTE TO/FROM SCHOOL SCHOOL GROUNDS
 DESCRIBE ACCIDENT GIVING ALL DETAILS IN ORDER OF OCCURRENCE (ATTACH SHEET IF SPACE INSUFFICIENT): _____
 DESCRIBE FULLY INJURIES SUSTAINED: _____

IS STUDENT PRESENTLY CONTINUING EDUCATION? YES NO IF NOT, WHAT WAS LAST DATE OF ATTENDANCE? _____
 IS STUDENT COVERED BY ANOTHER INSURANCE PLAN? YES NO
 IF YES, STATE NAME OF INSURANCE COMPANY _____ POLICY NO: _____
 ADDRESS _____

TO WHOM IS PAYMENT TO BE MADE?
 NAME _____
 ADDRESS _____ RELATIONSHIP TO STUDENT _____
 _____ POSTAL CODE _____

B. REPORT OF ATTENDING PHYSICIAN

DATE PATIENT FIRST TREATED FOR INJURIES RESULTING FROM THIS ACCIDENT: _____ DATE OF LAST TREATMENT: _____
 DESCRIBE EXACT NATURE, LOCATION AND EXTENT OF ALL INJURIES SUSTAINED: _____

<p>If the accident caused the loss of hand, arm, leg or foot, indicate on the chart the level of the amputation.</p> 	DID THE ACCIDENT RESULT IN LOSS OF: RIGHT HAND? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LOSS	RIGHT FOOT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LOSS
	LEFT HAND? <input type="checkbox"/> YES <input type="checkbox"/> NO		LEFT FOOT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RIGHT ARM? <input type="checkbox"/> YES <input type="checkbox"/> NO		RIGHT LEG? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	LEFT ARM? <input type="checkbox"/> YES <input type="checkbox"/> NO		LEFT LEG? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	HEARING IN BOTH EARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		SPEECH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	ENTIRE THUMB AND ENTIRE INDEX FINGER? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPLETE SEVERANCE AT OR ABOVE THE METATARSOPHALANGEAL <input type="checkbox"/> YES <input type="checkbox"/> NO	RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> HAND
	SIGHT OF RIGHT EYE? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPLETE SEVERANCE AT OR ABOVE THE METATARSOPHALANGEAL <input type="checkbox"/> YES <input type="checkbox"/> NO	RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> FOOT
	SIGHT OF LEFT EYE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS LOSS TOTAL AND IRRECOVERABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

IN THE EVENT THAT THE INJURY OR DISEASE RESULTED IN THE DEATH OF THE STUDENT, PLEASE COMPLETE THE FOLLOWING

PLACE OF DEATH: _____

CAUSE OF DEATH: A. DISEASE OR CONDITION LEADING TO DEATH _____
 B. ANTECEDENT CAUSES _____
 C. OTHER SIGNIFICANT CONDITIONS _____

WAS CAUSE OF DEATH: ACCIDENT SUICIDE HOMICIDE

ENCLOSE A COPY OF DEATH CERTIFICATE, AUTOPSY REPORTS AND TOXICOLOGY ANALYSIS.

Date _____ 20____ SIGNED: _____
 ATTENDING PHYSICIAN
 PHYSICIAN'S ADDRESS _____

I hereby certify that the above information is correct to the best of my knowledge and belief and authorize all doctors and hospitals to furnish Saskatchewan Blue Cross/Blue Cross Life Insurance Company of Canada with information concerning the physical condition and medical history of the above student. A photostat of this form shall be considered as valid as the original.

DATE: _____ SIGNATURE OF PARENT OR GUARDIAN _____