



HARTFORD FIRE INSURANCE COMPANY  
HARTFORD LIFE INSURANCE COMPANY  
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Attached is a Blanket Lines Notice of Claim (Claim Form) for your UC4H accident and sickness policy. Please forward claims and questions to your Cooperative Extension County Office. Upon their review/approval, claims will be then forwarded to The Hartford.

***In order to expedite claim payment, please ensure the following information has been fully completed and mailed to your Cooperative Extension County Office.***

Have an official for the Policyholder complete the Notice of Claim. This section includes Policyholder information, Claimant information, and complete accident details. It also includes a place for an authorized Policyholder Official to certify the accident. *It is important that only an authorized Official (not a Parent, Claimant, or Agent) signs this part of the claim form.* If an unauthorized person signs this section, Hartford will have to obtain a valid authorization, which may cause a delay in processing.

**Check List:**

1. Has the appropriate Policy Number been checked on the form?
2. Has a description of the accident been given (e.g., how, when and where)?
3. Has the Notice of Claim been signed by an authorized Official/Leader?
4. Has an itemized medical bill been attached to the claim form? An itemized medical bill includes patient information, provider information, date of service, diagnosis and procedure codes. *A "balance due" statement does not generally provide enough detail for Hartford to process a claim. In order to obtain the needed information, please ask the hospital for a UB92 billing form or ask the physician for a HCFA 1500 form.*

After completing the Notice of Claim form, please forward it to your Cooperative Extension County Office. You may wish to keep copies of the correspondence you are submitting to use for future reference. **Be sure to read and sign the statements at the bottom of the Notice of Claim form.**

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**NOTICE AND PROOF OF CLAIM FOR YOUTH GROUPS, SPECIAL RISK, SPORTS OR CAMPER'S POLICIES -  
TO BE COMPLETED BY LEADER OR 4-H ADVISOR**

Policy Number (check as applicable) <input type="checkbox"/> 57 SR 560999 (Accident) <input type="checkbox"/> 57 CH 144856 (Sickness)		Name and Location of Agency	
Policyholder Name		Policyholder Telephone Number. (    )    -	
Claimant (Injured Party) Name	Date of Birth	Claimant Telephone Number (    )    -	
Claimant Address (Street No., City, State, Zip Code)			
Date and Time of Accident		Place of Accident	
What caused the accident?		Indicate part of body that was injured	
Describe type of sport or activity engaged in at time of accident:			
Name of supervisor of the activity:			
Witness to the accident (Name and Address):			
Nature of illness		Date illness first commenced	
I hereby certify that the above is a member of the group insured under Policy Number _____ and that the above described injury or sickness was sustained while participating in official activities under adequate supervision. If a scouting group, the member's date of registration with the Council is _____			
TITLE OF LEADER OR 4-H ADVISOR (other than relative)		SIGNATURE OF LEADER OR 4-H ADVISOR (other than relative)	
ADDRESS		DATE	

**Please read the statement that applies to your residence and sign the bottom of the page.**

**For residents of all states EXCEPT California, Florida, New Jersey, Colorado, Pennsylvania, Arkansas, New Mexico, Louisiana, New York, Oregon, Virginia and Puerto Rico:** A person commits a fraudulent insurance act if that person knowingly, and with intent to defraud any insurance company or other person, either: (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or a benefit under an insurance policy. **A fraudulent insurance act is a crime.** The Hartford shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

**For residents of New Jersey, Arkansas, and New Mexico:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For residents of 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 a person to criminal and civil penalties.

**For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading 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 its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.**

**FOR RESIDENTS OF 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."**

**For residents of 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.

**For residents of 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 concernin 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.

**For residents of Puerto Rico:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

\_\_\_\_\_  
Signature of UC4H Advisor

\_\_\_\_\_  
Date signed by UC4H Advisor

\_\_\_\_\_  
Signature of Claimant / Claimant's Parent or Guardian

\_\_\_\_\_  
Date signed by Claimant / Claimant's Parent or Guardian