

索赔是否因为意外或受伤导致? 是 否 如果是, 请详细描述意外经过, 并注明受伤地点和时间:

如果是, 请选择以下情况 休闲体育 专业 俱乐部 高中体育 如果否, 请选择是否因以下原因 工作相关 机动车辆相关

如果是, 这属于哪种大学体育项目?
 校内体育 (在特定的教育机构内部组织的体育运动)
 校际体育 (不同大学或学校之间的体育活动)

是否有其他人导致了您的意外? 是 否 如果是, 请解释:

意外发生时, 您是否受到药物或酒精的影响? 是 否

这是一起体育相关的受伤吗? 是 否 (如果是, 请解释。)

对于这次受伤, 是否有其他可能承担经济责任的保险计划 (例如, NCAA、工人赔偿、汽车、房主或财产保险)?
 是 否 如果是, 请提供其他计划的以下详细信息:

保单持有人:	保单号码:
保险计划名称及保险公司:	联系号码:

治疗医生/机构的地址:

医生/机构的电话号码:

如果以前在医院作为住院病人接受过治疗, 请提供入院机构的名称、地址和电话号码:

入院日期 (MM/DD/YYYY):	出院日期 (MM/DD/YYYY):
--------------------	--------------------

您的旅行是为了接受治疗吗? 是 否
如果回答为"是", 请列出治疗方式、您首次了解到这种替代治疗方法的时间以及推荐此治疗的人。

您怀孕了吗? 是 否 如果答案为"是", 请注明周数:

请列出您因受伤或疾病被开具的处方药。请包括药物剂量和开处方药的医生姓名。

请列出您在生效日期之前正在服用的以及与您受伤和疾病无关的任何处方药、草药或维生素。请包括药物剂量和开处方药的医生姓名。

这是由于已存在状况的急性发作或复发引起的索赔吗? 是 否 (如果回答为"是", 请列出目前治疗您的医生的姓名和地址)

患者披露医疗信息授权书 (需投保人填写)
为了处理福利索赔申请, 我授权任何医生、医院或其他医疗服务提供方, 向 SureGo Administrative Services、Trawick International或其代表透露我的病史、症状、治疗、检查结果或诊断的信息。本授权书的复印与原件具有同等的法律效力。本授权书自签字之日起在索赔期间有效, 但有效不得超过两年半。我明白我有权获取本授权书的副本。

投保人签名	日期 (MM/DD/YYYY)
-------	-----------------

C. 个人代表指定 (可选择)

根据联邦法律，您的权利如下：您有权授权SureGo Administrative Services 和/或 Trawick International 持有的机密信息被您指定的人或组织在下面您签名所示的方式接受或披露。根据请求，您有权获得此签名表格的副本。我特此授权申请和公开我的保密信息给我的个人代表。通过指定下列人士为我的个人代表，我了解我授权此人接触我的机密信息和医疗记录，并有权讨论我的医疗护理及做出对我具有约束力的决定。我同意授权书的复印件、电子附件副本或传真副本均被视为与原件具有同等法律效力。此个人代表指定可随时撤销，但若已以来该指定采取了行动，则不可撤销；除非提前通过书面形式撤销，否则该指定自签字日期起两（2）年内有效。

姓名（姓氏，名，中间名首字母）	
出生日期 (MM/DD/YYYY)	关系
地址	
邮政编码	国家
电话号码	电子邮件
投保人签名	日期
个人代表签名	日期

D. 文件提交要求

根据损失情况的不同，可能需要提交以下一个或多个文件来完成您的索赔处理。请在您已附上文件旁打勾。同时，请保留所有提交的文件副本。

- 医疗费账单，包括处方信息、收据及医疗记录
- 护照（显示姓名、地点和印章），I-94表格
- 旅行证明（机票存根/收据）
- 其他

E. 赔偿授权和方式

本人特此授权SureGo Administrative Services将任何付款邮寄至以下地址，并通过银行转账将我应得的医疗费用或服务费用报销款项存入我在上述金融机构（以下简称“BANK”）的账户。此外，我授权BANK接受并计入该公司指示的任何信用入账至我的账户。如果该公司错误地将资金存入我的账户（例如，我无权获得这些资金，存款金额不正确，或资金被存入错误账户），我授权该公司在必要时对我的账户进行借记或贷记，以纠正初始存款的错误。但是，任何借记的金额不得超过初始存款的金额。我进一步同意，公司不对任何交易费用负责，并且在付款丢失或被盗的情况下，我将免除SureGo Administrative Services的任何责任。我授权SureGo Administrative Services使用我在此表格提供的电子邮件联系我，以讨论和/或通知我有关付款确认的信息。

账户持有人签名	日期
---------	----

请选择一种赔偿方式

<input type="checkbox"/> 将支票邮寄到索赔信息部分列出的地址。		
<input type="checkbox"/> 将支票寄到其他邮寄地址：	地址	城市
	州	邮政编码
<input type="checkbox"/> 通过电子直接存款发送（请填写所有字段）：	银行	账户持有人姓名
	账号/IBAN号	路由号码/ABA号码（用于电子直接存款）

F. 欺诈通知/授权

索赔表欺诈声明 - 适用于除以下列出的州之外的所有州的居民:

任何故意提交虚假或欺诈性索赔以获得索赔或利益的人, 或在保险申请中故意提供虚假信息的人, 均犯有罪行, 可能会受到罚款并可能被监禁。

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.

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.

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.

FLORIDA WARNING: 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.

KANSAS 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 may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

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.

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

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 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.

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.

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.

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.

OKLAHOMA 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.

TENNESSEE 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. **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.

TEXAS Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA 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.

经济或贸易制裁: 根据本保单, 所有付款必须严格遵守美国所有的经济或贸易制裁法律或法规, 包括但不限于由美国财政部外国资产控制办公室 ("OFAC") 负责管理和执行的制裁、法律和法规。因此, 任何涉及违反此类制裁、法律和法规的旅行所产生的费用或提出的索赔均不在本保单的承保范围内。如需获取更多信息, 您可以访问OFAC网站 <https://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>。

电子通信:

1.您同意接收与保险有关的文件和通信,包括但不限于您的保单文件、信息披露、通知、医疗效益说明(EOB)、索赔文件,以及终止、取消或不续保的通知,这些将通过电子邮件发送到您在在线申请流程中提供给我们的电子邮件地址,而不是以纸质格式从我们这里接收。2.您同意并确认,您的这一同意是在与跨州商业交易有关的情境下提供和/或获得的,符合《全球暨全美商业电子签章法》(Electronic Signatures in Global and National Commerce Act)、《统一电子交易法》(Uniform Electronic Transactions

Act)或相似电子交易法律,按照州法所采纳的规定。3.您同意,无论您是否选择查看,以电子方式交付给您的文件与纸质文件具有相同的法律含义和效力。除非您以后按照下文所述方式撤销了接收电子文件的同意,在您完成购买时,电子文件即视为已被您收到。如果我们收到通知称您提供的电子邮件地址未能成功接收电子邮件通知,我们将不视为您已收到电子文件。

欺诈警告:如果受保人或任何代表其行事的人,在明知索赔或陈述在金额或其他方面存在虚假或欺诈的情况下进行索赔或陈述,则本保险将作废,所有此下的索赔将被没收,保费不予退还。

我了解通过使用此授权获得的信息,将被SureGo Administrative Services/Trawick International用于确定我在此计划下的福利资格。获取的任何信息不会由SureGo Administrative Services/Trawick International向任何人或组织披露,除非是给再保险公司,或其他与我的索赔相关的业务或法律服务人员,或法律另有规定,或我进一步授权的情况下。

我明白我可以要求获取这份授权书的副本。

我同意这份授权书的照片复印件与源文件具有同等效力。我同意本授权书自下方所示日期起有效期为两年半。

我明白故意提交虚假或欺诈性的索赔,或故意帮助他人提交这类索赔是违法的。

我已阅读并理解了欺诈通知。

受保人签字

日期 (MM/DD/YYYY)

家长签名 (如果受保人是未成年人)

日期 (MM/DD/YYYY)

邮寄指示

Attention: Surego Administrative Services PO Box 2069 Fairhope AL, 36533

Email: claims@mysurego.com