NORTH AMERICAN DIVISION MEDICAL PAYMENTS STATEMENT OF LOSS

12501 Old Columbia Pike - Silver Spring, MD 20904
OFFICE: (301) 680-6870 | **FAX:** (301) 680-6878
EMAIL: claims@adventistrisk.org

TO BE COMPLETED BY CHURCH ORGANIZATION

CONFERENCE:

CHURCH NAME:

CHURCH ADDRESS: CITY: STATE: ZIP CODE:

CHURCH CONTACT PERSON :

TELEPHONE | BUSINESS: RESIDENTIAL: EMAIL ADDRESS:

ABOUT THE INJURED PERSON:

FIRST NAME: M.I. LAST NAME: DATE OF BIRTH: (MM/DD/YYYY) SOCIAL SECURITY #: **MALE** **FEMALE**

ADDRESS: CITY: STATE: ZIP CODE:

TELEPHONE | BUSINESS: RESIDENTIAL: EMAIL ADDRESS:

NAME OF PARENT / GUARDIAN*: DATE OF ACCIDENT: (MM/DD/YYYY) TIME OF ACCIDENT: AM PM

DESCRIBE THE INJURY:

HOW DID ACCIDENT HAPPEN?:

LOCATION OF ACCIDENT - ADDRESS: CITY: STATE: ZIP CODE:

DATE ACCIDENT REPORTED: (MM/DD/YYYY) TYPE OF ACTIVITY: TIME OF ACTIVITY - COMMENCED: DISMISSED

DOES THE INJURED PERSON HAVE OTHER INSURANCE? **YES** **NO**

OTHER INSURANCE NAME:

OTHER INSURANCE - ADDRESS: CITY: STATE: ZIP CODE:

DID THE ACCIDENT OCCUR DURING:

ACTIVITY - LEADER:

TITLE:

CHURCH FUNTION:	**YES**	**NO**	CAMP:	**YES**	**NO**			
VACATION BIBLE SCHOOL:	**YES**	**NO**	OTHER:	**YES**	**NO**			
PATHFINDER:		**NO**	WHILE SUPERVISED:	**YES**	**NO**			

DURING SPOSORED ACTIVITY:	**YES**	**NO**
DURING PROGRAMMED HOURS:	**YES**	**NO**
ON ACTIVITY PREMISES:	**YES**	**NO**
WHILE TRAVELING TO OR FROM AN ACTIVITY IN AN AUTHORIZED AUTOMOBILE:	**YES**	**NO**
IN THE COURSE OF YOUR EMPLOYMENT:	**YES**	**NO**

WITNESSES:

FIRST NAME: TELEPHONE | BUSINESS: RESIDENTIAL:

ADDRESS: CITY: STATE: ZIP CODE:

FIRST NAME: TELEPHONE | BUSINESS: RESIDENTIAL:

ADDRESS: CITY: STATE: ZIP CODE:

FIRST NAME: TELEPHONE | BUSINESS: RESIDENTIAL:

ADDRESS: CITY: STATE: ZIP CODE:

I hereby certify that the statements made above are correct to the best of my knowledge and believe that the above claimant was covered hereunder at the time of the accident/sickness.

SIGNATURE OF SUPERVISORY OFFICIAL: DATE (MM/DD/YYYY):

ATTACH PHYSICIAN'S STATEMENT AND/OR ITEMIZED BILLING TO THIS FORM

(Form Date: 07/07/2014)