



PARTICIPANT ACCIDENT MEDICAL CLAIM FORM

SEND COMPLETED FORM TO:
 National Union Fire Ins. Co. of Pittsburgh, PA
 AIG Accident & Health Claims
 PO Box 25987
 Shawnee Mission, KS 66225
AHClaimsSubmissions@aig.com
 (800) 551-0824 Telephone
 (866) 893-8574 Facsimile

This form is required to submit a Participant Accident medical claim for injuries sustained during a USA Water Ski & Wake Sports sanctioned event.
 PLEASE ANSWER ALL QUESTIONS. INDICATE "N/A" IF INFORMATION IS NOT APPLICABLE.

TO BE COMPLETED BY INJURED PARTY (OR BY PARENT/LEGAL GUARDIAN IN CASE OF A MINOR)							
NAME (Last Name)	(First Name)	(Middle Initial)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	MINOR:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MALE
						MARRIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FEMALE
HOME ADDRESS (Street)				(City)	(State)	(Zip Code)	HOME TEL. # ()
OCCUPATION		NAME AND ADDRESS OF EMPLOYER			EMPLOYER'S MAIN TEL. #: ()		
NAME OF SPOUSE (IF MARRIED)		NAME AND ADDRESS OF EMPLOYER FOR SPOUSE			EMPLOYER'S MAIN TEL. #: ()		
NAME OF PARENT/LEGAL GUARDIAN (IF MINOR)		NAME AND ADDRESS OF EMPLOYER FOR PARENT/LEGAL GUARDIAN			EMPLOYER'S MAIN TEL. #: ()		
NAME OF PARENT/LEGAL GUARDIAN (IF MINOR)		NAME AND ADDRESS OF EMPLOYER FOR PARENT/LEGAL GUARDIAN			EMPLOYER'S MAIN TEL. #: ()		
USA-WSWS MEMBERSHIP STATUS: <input type="checkbox"/> ACTIVE MEMBER <input type="checkbox"/> GUEST/BASIC SKILLS MEMBER MEMBERSHIP #: _____							
SPORT DISCIPLINE: <input type="checkbox"/> AWSA (3 Event) <input type="checkbox"/> Eastern Region <input type="checkbox"/> Midwest Region <input type="checkbox"/> Southern Region <input type="checkbox"/> South Central Region <input type="checkbox"/> Western Region <input type="checkbox"/> AKA (Kneeboard) <input type="checkbox"/> NCWSA (Collegiate) <input type="checkbox"/> NWSRA (Ski Racing) <input type="checkbox"/> USA-AWSWS (Adaptive) <input type="checkbox"/> ABC (Barefoot) <input type="checkbox"/> USW (Wakeboard) <input type="checkbox"/> NSSA (Show Ski) <input type="checkbox"/> USHA (Hydrofoil)							
TYPE OF SANCTIONED EVENT: <input type="checkbox"/> TOURNAMENT <input type="checkbox"/> PRACTICE <input type="checkbox"/> EXHIBITION <input type="checkbox"/> OFFICIALS CLINIC <input type="checkbox"/> BASIC SKILLS CLINIC <input type="checkbox"/> OTHER: _____							
DID THE INJURY OCCUR DURING A USA-WSWS SANCTIONED EVENT?				<input type="checkbox"/> YES <input type="checkbox"/> NO		SANCTION #: _____	
DID THE INJURY OCCUR WHILE TRAVELING TO/FROM THE EVENT?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF EVENT:			NAME OF SAFETY/CLUB OFFICIAL OR EVENT ORGANIZER:			TEL. # ()	
NATURE OF INJURY:			DATE OF INJURY:		TIME OF INJURY: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
FOR ALL INJURIES, PLEASE COMPLETE THE FOLLOWING: A. DESCRIBE ACTIVITY ENGAGED IN AT TIME OF ACCIDENT: _____ B. DESCRIBE WHERE ACCIDENT HAPPENED: _____ C. DESCRIBE HOW ACCIDENT HAPPENED: _____ D. WITNESS NAME: _____ TEL. #: ()							
IS THE INJURED PERSON COVERED UNDER ANY OTHER HEALTH AND/OR ACCIDENT INSURANCE PLAN(S), INCLUDING BUT NOT LIMITED TO: GROUP OR INDIVIDUAL MEDICAL, MEDICARE, MEDICAID OR OTHER MILITARY/GOVERNMENT PLANS, OR AUTOMOBILE PLAN? <input type="checkbox"/> YES (Please list below) <input type="checkbox"/> NO							
TYPE OF INSURANCE PLAN		NAME AND ADDRESS OF INSURANCE COMPANY				POLICY NUMBER	
TYPE OF INSURANCE PLAN		NAME AND ADDRESS OF INSURANCE COMPANY				POLICY NUMBER	
AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the release of information related to my employment, medical, dental, physical, mental, alcohol or drug abuse history to National Union Fire Insurance Company of Pittsburgh, PA (AIG), its employees or agents for the purpose of validating and determining benefits payable under the USA-WSWS Participant Accident policy. This authorization or a photo static copy of the original shall be valid for the duration of my claim.				SIGNATURE OF INJURED PARTY (PARENT/LEGAL GUARDIAN IF A MINOR)			
AUTHORIZATION TO PAY PROVIDERS: I authorize payment associated with my injury directly to the medical/health care providers.				SIGNATURE OF INJURED PARTY (PARENT/LEGAL GUARDIAN IF A MINOR)			
I certify that the foregoing information is true and correct.			SIGNATURE OF INJURED PARTY (PARENT/LEGAL GUARDIAN IF A MINOR)			DATE	

The issuance of this form is not an admission of liability or recognition of the validity of any claim, and is without prejudice to the Company's legal rights.



USA WATER SKI & WAKE SPORTS MEDICAL CLAIM FORM

Important Claim Notice

Notice to Alaska Claimants: 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.

Notice to Arizona Claimants: 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.

Notice to Arkansas Claimants: 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.

Notice to California Claimants: 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.

Notice to Colorado Claimants: 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.

Notice to Delaware Claimants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.

Notice to District of Columbia Claimants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida Claimants: 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.

Notice to Idaho Claimants: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information, is guilty of a felony.

Notice to Indiana Claimants: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Notice to Kentucky Claimants: 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.

Notice to Maine Claimants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

Notice to Minnesota Claimants: A person who submits an application or files a claim with intent to defraud or helps commits a fraud against an insurer is guilty of a crime.

Notice to New Hampshire Claimants: 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.

Notice to New Jersey Claimants: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Notice to New Mexico Claimants: 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 civil fines and criminal penalties.

Notice to New York Claimants: 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.

Notice to Ohio Claimants: 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 is guilty of insurance fraud.

Notice to Oklahoma Claimants: WARNING: 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.

Notice to Oregon Claimants: Any person who, knowingly and with intent to defraud an insurance company or other person, submits an application or files a claim for insurance that contains any materially false information relating to an insurance company's acceptance of risk, or conceals for the purpose of misleading, information concerning any fact material to an insurance company's acceptance of risk, may be guilty of a fraudulent act, which is a crime.

Notice to Pennsylvania Claimants: 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.

Notice to Rhode Island Claimants: 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.

Notice to Virginia Claimants: 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.

Notice to Claimants in all other states: Any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

SIGNATURE OF INJURED PARTY (PARENT/LEGAL GUARDIAN IF A MINOR)

Date