

# How to File a Claim

1. Written notice of claim or Claim Report must be given to the company within twenty days of commencement of any loss covered by this policy *or as soon as is reasonably possible*.
2. All claim reports must be completed and signed by the camp director, chaperone, or group leader who is UNRELATED TO THE PATIENT. Report the following:
  - A. Name of the injured/ill person (patient).
  - B. Patient's Date of Birth
  - C. Date of the disability (for either an injury or an illness).
  - D. How disability was sustained.
3. Please provide:
  - A. Complete medical diagnosis by the attending physician.
  - B. Itemized statements for services rendered by physician or hospital.
  - C. Prescription receipts complete with Rx number, name of prescription, and price.
  - D. Proof of payment with an itemized bill if payment has been made.

Payment is made directly to the medical provider unless otherwise indicated on Part 5.

Mail or Fax this Claim Report directly to company. DO NOT rely on medical providers to forward this Claim Report.

American Income Life Insurance Company  
Special Risk Division  
P.O. Box 50158  
Indianapolis, IN 46250  
Ph: 800-849-4820  
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Web: [www.americanicomelife.com](http://www.americanicomelife.com)

All correspondence will be directed to the policyholder.

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.