



Employee Accidental Injury Employer's Statement

BMI Benefits, L.L.C. P. O. Box 511 Matawan, NJ 07747 800-445-3126

PROOF OF LOSS NAME OF GROUP: New Jersey School Boards Association Insurance Group POLICY NUMBER: 4102AH324906

Insured's Name _____ District _____

City _____ State _____ Zip _____ District Phone #:() _____

Social Security# _____ - _____ - _____ Date of Birth _____

Hire Date _____ Date Last Worked _____ Annual Earnings _____

Insurance Effective Date _____ Insured Class _____ 10 Month or 12 Month (Circle One)

Claim Information

Date of Accident _____ Time and place of accident _____

Describe in detail how accident occurred _____

Was the accident related to the insured's occupation? _____

If so, how? _____

Was a Workers' Compensation claim filed? _____ If so, please advise the name and address of

Workers' Compensation Carrier: _____

Employer Certification

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Any person who, knowingly and with intent to defraud, or helps commit a fraud against, any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

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 New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

For residents of Pennsylvania: 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 and subjects such person to criminal and civil penalties.

For claimants not residing in California, New York, or Pennsylvania: 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.

SIGNATURE: _____ DATE: _____

Name _____ Title _____ Phone# _____