# ACCIDENT/SICKNESS CLAIM REPORT OF TEXAS

Signed\_

Please Complete & E-mail/Fax/Mail to:

#### **VFIS of Texas**

13625 Ronald W. Reagan Blvd Building 3, Suite 100 PLEASE COMPLETE THIS FORM IN FULL FOR PROMPT SERVICE

Cedar Park, TX 78613

PH: (800) 252-9435 - FAX: (512) 448-9929

NOTE: Important State Information Included

cguidry@vfistx.com or mwilliams@vfistx.com DATE OF THIS REPORT

SECTION 1 - CLAIMANT INFORMATION

Home Phone ()	Cell Phone (	)	Work Phone ()	
Name		Soc. Sec. No	Da	te of Birth
Home Address		City	State	Zip
Email Address				
Gender Marital Status				
ate of Incident or Organization's	Activity	Year	Time	
ull-Time/Regular Occupation				
lame/Address of Full-time Employ				
ength of Employment in this Work				
		MEDICAL TREATMENT INF	FORMATION	
. What activity was the individua	al above involved in at the ti	me of their injury or illness?		
. How did the injury or illness or	ccur?			
Please describe the injury or il	Ilness.			
. Date of first day of full-time oc	ccupation missed due to abo	ve injury or illness (if applicab	ule)	
	-		ole)	N/A 🗌
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<ul><li>Date able to return to work (if</li><li>Attending Physician's Name, A</li><li>Name and Address of Hospital</li></ul>	applicable) Address and Telephone Nur al	N/A □ mber		
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\_\_\_\_\_Title\_\_\_\_

\_\_\_\_ Date \_

## **Fraud 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.

## Applicable in 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.

# Applicable in California

For your protection California law requires the following to appear on this form: Any person who knowingly presents 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.

## Applicable in 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.

## Applicable in Florida

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.

## **Applicable in New Jersey**

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

## Applicable in 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.

#### Applicable in Pennsylvania

WARNING: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

#### Applicable in Rhode Island

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.

## Applicable in West Virginia

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.

## **Applicable in All Other States**

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.