


**IN THE EVENT OF A CLAIM, COMPLETE AND SUBMIT THE FOLLOWING TWO FORMS:**


**1. Student or Athlete Accident Claim Form (1675 AXIS 05/20)**


- This form is applicable for **ALL Participant Accident Policies, INCLUDING VOLUNTEERS**
  - When completing for a Volunteer, the Student Name = Volunteer Name under Question #1.
  - Question #6 – Indicate Nature of Activity and for Nature of Participation, select ‘Volunteer’

**EXAMPLE:**



**CLAIMS DEPARTMENT**  
1712 Magnavox Way, P.O. Box 2338 | Fort Wayne, IN 46801-2338  
Ph: 800-237-2917 | Fax: 312-381-9077 California License #0334910  
email: [kk.PAClaims@kandkinsurance.com](mailto:kk.PAClaims@kandkinsurance.com)  
[www.kandkinsurance.com](http://www.kandkinsurance.com)





**STUDENT OR ATHLETE  
ACCIDENT CLAIM FORM**  
Excess Coverage  
K-12 ACCOUNTS

## **INSTRUCTIONS FOR FILING**

**NOTE:** Claim Form must be fully completed and signed. File your claim promptly. Failure to do so could result in a denial of coverage.

**Basic Procedures for Submitting Statement of Claim**

1. A school official will complete their portion and then give the claim form to the student's or athlete's parent(s)/guardian(s) for completion.
2. The student's or athlete's parent(s)/guardian(s) will complete the appropriate portion of the form. Attach any related medical bills and primary insurance explanation of benefits and forward to K&K Insurance Group, Inc.

**To the Student or Athlete/Parent/Guardian**

If you are attaching related medical bills, these bills must show the patient's name, condition (diagnosis), type of treatment given, date the expense was incurred and the charges made. For hospital charges, this would be a UB04 and for the physician/ancillary charges, this would be a CMS1500. The medical providers may also bill K&K Insurance Group, Inc. direct at the address above.

**SECTION I – TO BE COMPLETED BY CLAIMANT'S PARENT(S)/GUARDIAN(S)**

1. **Student's Name** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Sex:  Male  Female
3. Student's grade in school: \_\_\_\_\_ Email Address: \_\_\_\_\_

6. **Nature of activity and location during which the injury occurred (check all boxes which apply):**

<input type="checkbox"/> Pre-Kindergarten	<input type="checkbox"/> Elementary School	<input type="checkbox"/> Middle School
<input type="checkbox"/> High School	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Classroom Activities
<input type="checkbox"/> Interscholastic Sports	<input type="checkbox"/> Intramural Sports, <i>name of sport, if applicable:</i> _____	
<input type="checkbox"/> Club Sports	<input type="checkbox"/> Physical Education Class	<input checked="" type="checkbox"/> <b>Other Activity (specify)</b> _____
<input type="checkbox"/> During Practice	<input type="checkbox"/> During Play	<input type="checkbox"/> During Travel To or From the Event



**Nature of Your Participation:**

<input type="checkbox"/> Student	<input checked="" type="checkbox"/> <b>Volunteer</b>	<input type="checkbox"/> Student/Manager
<input type="checkbox"/> Athletic Participant	<input type="checkbox"/> Cheerleader	<input type="checkbox"/> Band Member
<input type="checkbox"/> Other (specify) _____		

## 2. Other Insurance Questionnaire (1638\_07/18)

- Volunteers under the age of 26 must complete this form if insured on their parent/guardian's plan.
- If over the age of 26, complete the top portion ONLY and **indicate that you are over age 26**.
- In either case, questionnaire must be submitted with claim form to ensure proper handling.

### EXAMPLE:

		<b>OTHER INSURANCE QUESTIONNAIRE</b>
NAME OF CLAIMANT: _____	INTERNATIONAL STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMANCIPATED STUDENT: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>OVER AGE 26 AND NO LONGER DEPENDENT ON PARENT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF INSURED: _____	POLICY NO: _____	