



Catholic Mutual PARTICIPANT ACCIDENT INSURANCE CLAIM FORM

(NOTE To the Participant/Parent/Guardian: Report and Claim Form will be returned if not fully completed and signed.)

Basic Procedures for Submitting the Incident Report and Participant Accident Insurance Claim Form

1. The Parish/School Administrator or Pastor will complete the incident report, sign and date where indicated.
2. The participant or participant's parents/guardian will complete the Accident Medical/Insurance Claim form.
3. Forward the completed Incident Report and Accident Medical/Insurance Claim forms to K&K Insurance Group. BOTH reports should be submitted to K&K at the same time.

PLEASE NOTE: Processing may be delayed if the Report and Accident Medical/Insurance Claim forms are not fully completed, signed and sent together.

To the Participant/Parent/Guardian:

Attach current itemized physician, hospital, or other provider's bills for accident medical expenses being claimed as well as the primary carrier's Explanation of Benefits showing their payments and denials. These bills must show the patient's name, condition (diagnosis), type of treatment given, date the expense was incurred and the charges made.

MAIL TO:

K&K INSURANCE GROUP, INC.

Claims Department

P.O. Box 2338

Fort Wayne, Indiana 46801-2338

(800) 237-2917

For general claims questions or status of a claim call:

800-237-2917, option 1. or efax: 312-381-9077

Department email: KK_PAClaims@kandkinsurance.com *(to be used when forwarding new claims and attachments for existing claims)*