

BUSINESS TRAVEL ACCIDENTAL DEATH AND DISMEMBERMENT CLAIM FORM

IMPORTANT INSTRUCTIONS FOR COMPLETING THE CLAIM FORM

To expedite claim processing, the attached claim forms need to be fully completed and the following instructions must be adhered

Form must be completed in its entirety and certified by an official representative of the employer or the plan.

Please provide the employee's itinerary or any other information that demonstrates that the employee was on the business of the policyholder at the time of the accident.

Please provide proof of salary (attach W2 or commissions, if applicable)

Please provide the beneficiary designation forms on file with the policyholder, if any. If none on file, the official representative shall certify to that fact on the claim form.

Part II – Claimant's Statement

To be completed by claimant or beneficiary in its entirety

Please furnish any newspaper accounts or other pertinent information regarding the claim.

Part III – Attending Physician's Statement (required for accidental dismemberment claims)

Attending physician must complete this form. Any expense for completion of the form will be paid for by the claimant.

Collateral – All Claims

Required documents other than claim form

Certified true copy of death certificate (Accidental Death Claim)

Police Report (if applicable)

Autopsy/Post Mortem & Toxicology report (if applicable)

All relevant medical reports

If the claim proceeds are payable to an estate, Part II must be completed by the executor or administrator of the estate. A copy of the court document appointing the executor or administrator must be attached to this form.

If any designated beneficiary is a minor, Part II must be completed by the custodian or guardian. A copy of the court document appointing the guardian or a similar document must be attached to this form.

For a foreign death, the official death certificate and the Report of the Death of an American Citizen Abroad form must be attached to the claim form.

Claim Forms to:

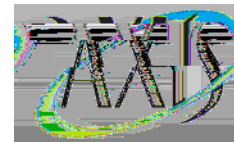
AXIS Accident & Health

Attn: AXIS Claims

1 University Square Drive, Suite 200

Princeton, NJ 08540

Fax: (800)-419-8963



Mail to: **AXIS Accident & Health**
 Attn: AXIS Claims
 1 University Square Drive, Suite 200
 Princeton, NJ 08540
 Toll Free: (888)-870-2947
 Fax: (800)-419-8963
 Email: USClaims.AccHealth@AXISCapital.com

BUSINESS TRAVEL ACCIDENT INSURANCE

PART I – Employer’s Statement

Accidental Death & Dismemberment
 Claim Form for EMPLOYEE or DEPENDENT

Group Policyholder/Employer Name:				Northwestern University			
Group Policyholder/Employer Address:							
Name of Insured Employee/Participant:					Date of Birth:		Social Security Number:
Name of Deceased or Injured. (if different from above:)					Date of Birth:		Social Security Number:
Relationship to Employee:			Telephone Number:	Employee Class #:		Location:	
Address:							
Did the Employee Select Family Coverage? (if applicable):				Employee’s Marital Status:			
Yes No				Married Single Divorced Other _____			
Please list the dates of birth and names of the Employee’s Dependent Children (if any):							

Date of Injury:

Mail to:

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Northwestern University

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PART III – Attending Physician’s Statement



FRAUD STATEMENTS

Important Notice

- *In General, and specifically*