



## CLAIM INSTRUCTIONS

In case of an accident, notify the school/organization immediately.

**Step 1:** Notify ALL treatment facilities (physician's office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanation of Benefits (EOB) can be sent directly from the medical facility to AIG.

**Step 2:** Have Part I and Part II completed on the Notification of Injury form. Do not leave any blank spaces or write "N/A" in any space. If either parent or guardian is uninvolved, deceased, unemployed, self-employed or disabled, please state so. If you are employed, but do not have insurance, please state "NO INSURANCE" and provide us with a statement from your employer that the claimant has no insurance. Otherwise, our office will submit an insurance questionnaire to your employer to be used as verification of no dependent coverage.

**Step 3:** Attach any itemized bills to the claim form, along with any corresponding Explanation of Benefits (EOB) for each itemized bill. An itemized bill includes treatment rendered, the dates of the treatment, diagnosis codes, physician's or hospital's name, address and tax I.D. number. Balance Due bills are not acceptable. Be sure to attach any receipts for bills paid out-of-pocket. Otherwise, benefits will be paid to the provider of service. Please Note: Both an itemized bill and EOB (if applicable) must be submitted for claims to be considered for accident medical expense benefits.

**Step 4:** Mail the Notification of Injury form, along with any other applicable correspondence to our office. Do not leave this form with the school, coach, hospital, physician, etc. When sending information to our office, please use the address below.

AIG Personal Accident Claims  
P.O. Box 25987  
Shawnee Mission KS, 66225

You may also send electronically; our fax number is [866-893-8574](tel:866-893-8574) or e-mail to [AHClaims@aig.com](mailto:AHClaims@aig.com)

Should you or a provider need to reach AIG for benefit coverage, or claims questions please call [800-551-0824](tel:800-551-0824).

Note: If your medical coverage is under an HMO, PPO or similar plan, you must follow their requirements for obtaining benefits. Otherwise, our benefits may be reduced, where applicable, as stated in the policy provisions. This restriction does not apply in every state.