

Instructions for Filing a Student Accident Claim

(Para obtener esta carta de instrucciones y el Formulario de Reclamación en el español, llame a la oficina de salud de la escuela, or a la Oficina Central, 630-534-7222.)

Date: _____

Dear Parents:

Your child, _____, was involved in an accident on _____, 20__, as described in the enclosed *Gerber Life Insurance Company* Claim Form. Glen Ellyn School District 41's Accident Insurance Plan may cover this accident.

If you wish to file a claim on this accident, you may fill out the To Be Completed By Claimant section of the Claim Form, and then send the form to the address given on the form:

Gerber Life Insurance Company
Administrative Concepts, Inc.
994 Old Eagle School Rd, Ste 1005
Wayne, PA 19087-1802
www.visit-aci.com

Note that the School District's Accident Insurance Plan is secondary to any family insurance you may have, and that you should first file a claim with your own insurance company.

Sincerely,

Signature of School Official

Name

Title

School

Reviewed: February 28, 2005, April 23, 2012
Adopted: March 21, 2005
Revisions Adopted: April 16, 2007, May 14, 2012