



Student Accident Claims Guide

The following are administrative guidelines only and are intended to assist in understanding the administrative procedures of the Zurich Group Sponsored and Special Risk Plan(s). These guidelines are not part of the insurance policy(ies) and in no way change or supersedes the terms and conditions of the insurance policy(ies). Coverage, benefits, terms and conditions are only those, which are included in the actual insurance policy.

Zurich Contacts

Student Accident

Dedicated Student Accident Service Contacts:

Underwriting Services:

Suzanne Carroll
Specialty Accident Underwriting Manager
Zurich American Insurance Company
300 South Riverside Plaza
Chicago, IL 60606
(312) 496-9394
Suzanne.Carroll@zurichna.com

Claim Services:

Ivette Cruz
Specialty Accident Claims Manager
300 Interpace Parkway
Parsippany, NJ 07054
(973) 394-5104
Ivette.Cruz@zurichna.com

Annabel Pereira
Claims Specialist
300 Interpace Parkway
Parsippany, NJ 07054
Toll free number: 877.287.4805
Dedicated Claims Fax: 631.845.2523
Annabel.Pereira@zurichna.com

Claim Administration

The following Claim Forms will be provided to policyholder in addition to this Manual. To request additional claim forms, please contact your Customer Management Services representative.

Death Claims

When submitting a Death claim, the following documents and information is required:

1. A completed PROOF OF DEATH FORM. You or your authorized representative must complete Part II of the form and sign it. The Insured's Beneficiary completes Part I. (Instructions for completing the form are on the back of the form.)
2. A CERTIFIED COPY of the DEATH CERTIFICATE.
3. A photocopy of the BENEFICIARY DESIGNATION FORM.
4. VERIFICATION that the deceased was a covered person when the accident occurred including an enrollment form if the plan was voluntary (contributory)
5. A photocopy of the CORONER'S REPORT and/or ACCIDENT, POLICE REPORT and NEWSPAPER CLIPPING.
6. A CERTIFIED COPY of the VERDICT, if an inquest was held.

If there is any question on the validity of a claim, additional records may have to be obtained through either the agent or our staff members.

Dismemberment Claims

When submitting a Dismemberment claim, the following documents and information is required:

1. A completed DISMEMBERMENT CLAIM FORM.
2. It is necessary that the Policyholder's Statement be completed and signed by you or one of your authorized representatives. The Insured person must complete and sign the Insured's Statement and the Authorization To Obtain Information. Further, it is mandatory that the Physician's Statement be completed and signed.
3. VERIFICATION that the claimant was a covered person when the accident occurred including an enrollment form if the plan was voluntary (contributory)
4. A photocopy of the ACCIDENT REPORT and NEWSPAPER CLIPPING, if available.

5. The amount of the ANNUAL SALARY, if the benefit amount payable is a multiple of salary.
6. A photocopy of MEDICAL RECORDS, if available.

If there is any question on the validity of a claim, additional records may have to be obtained through either the agent or our staff members.

Medical Claims

In the event medical expenses are incurred for an accident, the Accident Medical Expense Claim Form must be completed and mailed to the Zurich American Insurance address contained on the claim form.

Please check and make sure that Part A, Part B and Part C are fully completed; as well as the Attending Physician Statement.

Explanation of Benefits may be required if the Zurich American Insurance Company policy is not the primary medical payor and other medical coverage is in force.

Mail claims packages to:

Zurich Document Distribution Center (DDC)
PO Box 968041
Schaumburg, IL 60196-8041

overnight claims packages:

Zurich North America Commercial Claims/ Accident & Health
58 South Service Road
Melville, NY 11747-2342

Alternatively, email claims packages to: USZ_OccAcc_Claims@Zurichna.com

For questions or concerns, please contact your dedicated claims specialist, Ivette Cruz or Annabel Pereira.

Claim Forms

The following list of claim forms are provided to you with this manual. Should you have questions or need to request additional forms, please contact your Customer Management Services representative.

Claim Forms
MCM Proof of Death
MCM Dismemberment
MCM Medical Expense