

Student and Volunteer Medical Payments Claim Form

APEI's Student and Volunteer Medical Payments Coverage provides coverage for medical expenses for injuries received while acting as a volunteer for an APEI member or a student participating in a school-sponsored activity. This coverage is secondary to any health insurance or other medical coverage available to the injured person.

To file a claim under APEI's medical payments coverage, first submit your claim to your other insurer. When you receive their Explanation of Benefits Statement, send it to us along with your itemized bills, with diagnosis, and this completed form. If you have already paid the bill, include a paid receipt or copy of your cancelled check.

Volunteer or Student's Name: _____

Social Security Number: _____ Date of Birth: _____

Name of Parent or legal guardian if applicable: _____

Email address: _____ Phone: _____

Date of Injury: _____ Time of Day of Injury: _____

Location (premises) where injury occurred: _____

Description of Injury: _____

Is the student or volunteer covered under a government sponsored health plans such as Medicare / Medicaid / Denali Kid Care / Indian Health Service? Yes No

Name of Company(ies) providing insurance coverage or prepaid health plan: _____

Name of Primary Insured: _____

Address: _____

Policy or Group Number: _____

Affidavit: I verify that the above information is accurate and complete.

Signature: _____

Volunteer, Adult Student, Parent, or Legal Guardian

Date