

# NEA EDUCATORS EMPLOYMENT LIABILITY CLAIM FORM

## I. Member and occurrence information

1. Association: State Affiliate \_\_\_\_\_ Local \_\_\_\_\_ NEA ULSP/DLMS # \_\_\_\_\_  
(if applicable)
2. Member's name: Mr. Ms. \_\_\_\_\_  
First Middle Initial Last
3. NEA/Affiliate Membership # \_\_\_\_\_
4. Address \_\_\_\_\_  
Street
5. Date of birth \_\_\_\_\_
6. Home phone (\_\_\_\_\_) \_\_\_\_\_  
 Work phone (\_\_\_\_\_) \_\_\_\_\_
7. Email address \_\_\_\_\_
8. Fax number (\_\_\_\_\_) \_\_\_\_\_

### 9. Member occupation (circle one)

- A. Administrator
- B. Agriculture
- C. Art/Music
- D. Business Education
- E. Driver Education
- F. Elementary Instruction (General)
- G. English/Foreign Lang./Social Studies
- H. Guidance Counselor

- I. Health/Physical Education
- J. Home Economics
- K. Math
- L. Nurse or Health Aids
- M. Psychologist
- N. Science
- O. Special Education
- P. Student Teacher

- Q. Voc. Education/Industrial Art
- R. Bus Driver
- S. Cafeteria
- T. Clerical
- U. Guard
- V. Teacher Aide
- W. Other (specify) \_\_\_\_\_
- X. Higher Education Faculty

### 10. Level (circle one)

- A. Elementary Teacher (K-6)
- B. Secondary Teacher (7-12)
- C. Higher Education Faculty
- D. Other (specify)
- E. Educational Support (K-12)
- F. Educational Support (Higher Ed)
- G. Pre-K

### 11. Member's employer (educational institution)

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### 12. School district \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ (or higher educational institution)

### 13. Insurance company for school district \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ (or higher educational institution)

14. Occurrence: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ a.m. / p.m. Location \_\_\_\_\_

15. Explanation of occurrence (state briefly) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 16. Injured person(s)/claimant(s)

- 1) Name Mr. Ms. \_\_\_\_\_ Age \_\_\_\_\_ Relationship of injured person to Insured \_\_\_\_\_  
 Address \_\_\_\_\_
- 2) Name Mr. Ms. \_\_\_\_\_ Age \_\_\_\_\_ Relationship of injured person to Insured \_\_\_\_\_  
 Address \_\_\_\_\_

17. Nature and extent of injury \_\_\_\_\_

18. Witness(es) Mr. Ms. \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_  
 Mr. Ms. \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

19. Have you been sued? Yes No If so, state lawsuit received/served \_\_\_\_\_

20. Have you been arrested or investigated by police? Yes No Is there a criminal investigation pending? Yes No

**Please attach available copies of lawsuit papers or attorney letters of representation. Do not discuss this with parties other than your association, attorney or a representative of Nautilus Insurance Company.**

21. Name and title of person reporting \_\_\_\_\_ Reporting date \_\_\_\_\_

All information fields on this form must be completed and the form mailed to your state association. Failure to do so may delay the processing of this claim.

NOTE: Important state information on back of form

## II. Information to be completed by state association

### 1. Membership category

- Active Agency Fee Payer
- ESP Active Student
- Substitute Retired Other

Member on date of occurrence? Yes No

### 2. Membership verified by

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

Mail to: Nautilus Insurance Company c/o York Risk Services Group, Inc.  
 PO Box 183188 • Columbus, OH 43218  
 Attention: OSC Document Management—Account #5424  
 Fax 973.404.1040 • NEAComplexnewlosses@yorkrsg.com

**Provide completed original to York Claims Services, Inc., provide a completed copy to state association, and provide a completed copy to member.**

### **Applicable in Alaska**

Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

### **Applicable in Arizona**

Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **Applicable in Arkansas and Louisiana**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **Applicable in California**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in Delaware**

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

### **Applicable in District of Columbia**

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### **Applicable in Florida**

Any person who knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self- insured program, files a statement of claim containing false or misleading information commits insurance fraud, punishable as provided in §817.234.

### **Applicable in Hawaii**

For your protection, Hawaii requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

### **Applicable in Idaho**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Applicable in Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

### **Generic Fraud Warning Statement, except for Nebraska**

Any person who knowingly files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and is also punishable by civil penalties in certain jurisdictions.