



# ROXBURY TOWNSHIP PUBLIC SCHOOLS

## BOARD OF EDUCATION BUSINESS OFFICE

42 NORTH HILLSIDE AVENUE, SUCCASUNNA, NJ 07876



Phone (973) 584-6099

[www.roxbury.org](http://www.roxbury.org)

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August 2024,

The Board of Education provides student accident coverage for all students, including athletics, and school-time activities. This program is written on what is referred to as an EXCESS MEDICAL BASIS. In the event of an accident, the initial billing is done through the individual's primary health insurance carrier. The outstanding portion of your bill can be submitted to **A-G Administrators LLC, Sports Insurance Specialists** for reimbursement.

In the event of an injury, **all claims must be reported to A-G Administrators LLC, Sports Insurance Specialists within 90 days of the accident.** The claim form is available through the **nurse's office** and **must be completed and signed by the parent.**

In addition, our school district offers twenty-four-hour student accident coverage through **HSR (Health Special Risk, Inc.)** for purchases for accidents that occur outside of school time activities and also includes a dental plan. Parents may visit the website **www.K12StudentInsurance.com** to purchase this 24-hour coverage. The information is also available on the district website **www.roxbury.org.**

In the event there are any questions or problems, you may contact the Insurance Administrator, **HSR (Health Special Risk, Inc.), Underwritten by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, phone 1-866-409-5733.**

**You can also contact Kimberlee Mafaro at (973) 383-3110 for updates or questions.**

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Joseph Mondanaro', written over the word 'Sincerely,'.

Mr. Joseph Mondanaro  
School Business Administrator  
Board Secretary



# K-12 STUDENT ACCIDENT CLAIM FORM

Please complete and submit to A-G Specialty Insurance with itemized medical bills **AND primary insurance explanation of benefits.**

Send all claim forms and documents using our secure upload portal: [upload.agadministrators.com](https://upload.agadministrators.com)  
Alternatively, submit documents to [claims@agadm.com](mailto:claims@agadm.com).  
For **questions**, however, please contact A-G Specialty Insurance: [customerservice@agadm.com](mailto:customerservice@agadm.com).

## SCHOOL OFFICIAL TO COMPLETE

### YOUR INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_ School/Organization Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### POLICYHOLDER INFORMATION

Policyholder (School)/District: Roxbury Township Public Schools  
School Address: 42 N. HILLSIDE AVENUE SUCCASUNNA NJ 07876  
STREET CITY STATE, ZIP  
Policy Number: SR2014NE-P-054462-019

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME  
**Date of Birth:** \_\_\_\_\_ Sex:  M  F  
Student's Phone Number (or Parent's if minor): \_\_\_\_\_  
**Student's EMAIL (or Parent's if minor):** \_\_\_\_\_  
Student's Home Address: \_\_\_\_\_  
STREET CITY STATE, ZIP

### ACCIDENT INFORMATION

Circumstance:  Game  Practice  Conditioning  Other (Please explain in Nature of Injury section.)  
Type of Activity:  Club Sport  Intramural  Interscholastic  Non-Athletic  
Activity/Sport (if athletic related): \_\_\_\_\_ Accident Date: \_\_\_\_\_  
Body Part Injured: \_\_\_\_\_ Place of Accident: \_\_\_\_\_  
Nature of Injury (Details of what happened.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SCHOOL OFFICIAL SIGNATURE DATE

## PARENT/GUARDIAN TO COMPLETE

### INSURANCE INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Phone #/Email: \_\_\_\_\_  
Does the claimant have primary insurance?  Yes  No (Attach separate documents if necessary.)  
Insurance Company Name: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
STREET CITY STATE, ZIP  
Policy Number: \_\_\_\_\_ ID#: \_\_\_\_\_  
Is the student eligible for Medicaid or TriCare Benefits?  YES  NO  
If yes, please file for benefits under the Student Accident Plan before submitting expenses to Medicaid or TriCare.



## AUTHORIZATION

**AFFIDAVIT:** I verify that the statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse A-G Specialty Insurance to the extent for which A-G Specialty Insurance would not have been liable.

**AUTHORIZATION TO RELEASE INFORMATION:** I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Specialty Insurance and its designees.

**PAYMENT AUTHORIZATION:** I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

**WARNING:** New York: Any person who knowingly and with intent to defraud any insurance company or other person 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

[Signature Line]

PARENT / GUARDIAN SIGNATURE

[Date Line]

DATE

**FRAUD WARNING:** Any person who, knowingly and with intent to defraud, or helps commit a fraud against, any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

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

**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.

**Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties

**Arkansas and Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, 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.

**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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**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.

**District of Columbia:** WARNING: 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.

**Florida:** 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 of the third degree.

**Idaho and Indiana:** Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony. Idaho and Indiana: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

**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.

**Louisiana and West Virginia:** 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.

**Maine, Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico:** 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 CIVIL FINES AND CRIMINAL PENALTIES.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** WARNING: Any person, who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person 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 subjects such person to criminal and civil penalties.

**Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Texas:** 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



**A-G SPECIALTY INSURANCE, LLC**

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