



PO Box 189, 88 Main Street Bridgton, Maine 04009-0189  
(800) 952-4320 Phone (207) 647-4569 Fax

Claimant Last Name: \_\_\_\_\_

Claimant First Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

A case has been submitted on your behalf under the policy: \_\_\_\_\_

In order to process benefits for the above captioned case, we require this form to be completed, signed and returned by you:

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Manager/Contact: \_\_\_\_\_

Are you covered by any health insurance, major medical insurance, or health savings account either individual, as a dependent, or offered through employment?

Yes       No

If you answered yes to the above question, please advise the name of the other insurance:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you,  
Customer Service Department  
customerservice@nahgaclaims.com

**Fraud Warning: Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.**