



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: _____

Policy # and/or name: _____

Dear Parent and/or Guardian,

In order to process benefits for the above captioned case, we require the following form be completed, signed and returned.

Parent(s) Name: _____ / _____

Employer: _____ / _____

Employer Address: _____ / _____

Is the member listed above covered by any health insurance, major medical insurance, or health savings account? Yes No

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

Signature

Date

Thank you,
Customer Service Team
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.