

Tuition Refund Plan *Medical Withdrawal/Absence* Notice of Claim

AUTHORIZATION

This part to be completed by parent or guardian

Name of Insured Student _____

I *HEREBY AUTHORIZE* the School/College to release the information requested below and other such information which is necessary to verify my withdrawal from the School/College to A.W.G. Dewar, Inc. for their use in documentation of the claim. I also authorize A.W.G. Dewar, Inc. to make refund settlement payable to the School/College for credit to the student's account.

Date _____ Authorized Person's Signature _____

Note: This notice of claim must be submitted to the Company or its representative, A.W.G. Dewar, Inc., within 30 days after the occurrence or commencement of any covered loss.

PLEASE SEE THE REVERSE SIDE OF THIS FORM FOR IMPORTANT FRAUD INFORMATION REGARDING YOUR CLAIM.

Section B

This part to be completed by the School/College and mailed to A.W.G. Dewar, Inc.

To: A.W.G. DEWAR, INC., FOUR BATTERYMARCH PARK, QUINCY, MA 02169-7468

We hereby make claim under the Tuition Refund Plan for _____
(NAME OF STUDENT)

who has been **withdrawn** from School/College. Date of withdrawal: _____ through last day of academic year _____
(date)

-or-

who has been **absent** from School/College. First date of absence: _____ through last date of absence _____

Grade Level # _____ Day Boarding Fees Insured: \$ _____

Our records show absence/withdrawal was due to _____

(INDICATE TYPE OF INJURY/ILLNESS)

Please complete 1-3 below, only if student has been **withdrawn**

1. Unpaid tuition balance, if any \$ _____
2. Our records show student attending this School/College the previous academic year _____ (YES/NO)
3. Our records show student has transferred to another school/college _____ (YES/NO); has become gainfully employed _____ (YES/NO). If "yes" give approximate date _____

Parent(s) Name & Address _____

School/College Name _____

Signature of School Official _____ Title _____

Second Signature Required _____ Title _____

FOR OFFICE USE ONLY

Policy #

REASON CODE:

INCLUSION DATE	CLAIM NO.	NET DAYS	DIVISOR	AMOUNT	SUB CODE	APR

IMPORTANT NOTICE

To Arizona Claimants

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.

TO CLAIMANTS IN ARKANSAS, LOUISIANA, MARYLAND AND TEXAS,

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR (in AR, LA or MD) KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

To California Claimants

For your protection California law requires the following to appear on this form: Any person who knowingly presents 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.

To Colorado Claimants

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.

To Claimants in Delaware, Idaho and Indiana

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.

To Florida Claimants

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.

To Kentucky Claimants

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.

To Minnesota Claimants

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

To New Hampshire Claimants

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.

To New Jersey Claimants

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

TO NEW MEXICO CLAIMANTS

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.

To New York Claimants

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.

To Ohio Claimants

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.

To Oklahoma Claimants

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.

To Oregon Claimants

Any person who knowingly and with the intent to defraud any insurer provides false or misleading information concerning any fact material to a risk to be insured or to a claim for loss or benefits may be guilty of a crime.

To Pennsylvania Claimants

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.

To Claimants in Virginia, Washington and any State not listed above

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.