



# STUDENT LOAN REPAYMENT BENEFIT AUTHORIZATION & ATTENDING PHYSICIAN'S FORM



## PART A – INSTRUCTIONS

1. **READ AND COMPLETE THIS FORM. PLEASE PRINT CLEARLY.** Incomplete forms may delay processing.
2. Parts B and C are completed by you or your parent/guardian.
3. Part D must be completed by your doctor.
4. Be sure all required signatures are included.
5. You must return the completed form, copies of your loan documents and any attachments provided by your doctor.
6. Fax your completed claim to 856-231-7995. You may also mail it to:  
**Tuition Secure c/o ASRM, LLC  
Attention – CLAIMS DEPARTMENT  
505 South Lenola Road, Suite 231  
Moorestown, NJ 08057**
7. Please call ASRM's Claims Department at 1-800-359-7475 if you have any questions about this form.

## PART B – INSURED STUDENT AUTHORIZATION (To be completed by student, parent or guardian)

INSURED STUDENT'S NAME (LAST, first, middle)		DATE OF BIRTH (MM/DD/YY)		SSN or PIN	
STUDENT'S PERMANENT STREET ADDRESS		CITY		STATE	ZIP CODE
PHONE NUMBER		SCHOOL, COLLEGE OR UNIVERSITY NAME			
I HEREBY AUTHORIZE my physician to complete Part D, the Attending Physician's Statement, and to release this and any other necessary health information to SiriusPoint America Insurance Company in order to determine that the condition for which I am being treated is permanent and results in my total disability. All information provided is protected by the Health Insurance Portability & Accountability Act (HIPAA) and I understand that I may withdraw this authorization at any time by written notice to SiriusPoint America Insurance Company.					
AUTHORIZED SIGNATURE (Student, if legal age, otherwise parent or legal guardian)			DATE (MM/DD/YY)		

## PART C – STUDENT LOAN INFORMATION (to be completed by student or parent/guardian)

List all active student loans with private lenders (excluding loans between friends and family members). Note, under current law and regulation federal student loans made to the student are eligible for discharge due to permanent total disability (expected to last more than 60 months or result in death). Such loans are not eligible for payment under the Student Loan Repayment Benefit defined in the policy.

Name of Lender	Loan/Account #	Loan Origination Date	Loan Amount	Current Balance
1.				
2.				
3.				

## PART D – ATTENDING PHYSICIAN'S STATEMENT (To be completed by physician)

Please complete this request for medical and treatment history for the above named student. Either return the completed form to the student or follow the submission instructions in Part A. If additional space is needed, please attach additional information.

**BRIEFLY DESCRIBE DIAGNOSIS AND INCLUDE INFORMATION ON ANY COMPLICATIONS** (include/ATTACH any clinical finding or diagnostic studies/results):

ICD CODE #:	DSM CODE #:	FIRST CONSULTED DATE (MM/DD/YY):
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Is the student totally and permanently unable to perform any work for which the student is qualified through education, training or experience (YES or NO)?

Could this student return to classes with reasonable accommodations by the school (YES or NO)?

**I HEREBY CERTIFY that the student named in Part B of this form is a patient under my care and is being, or has been, treated for the medical condition(s) which has resulted in the student's permanent and total disability (a totally disabling condition expected to last more than sixty (60) months).**

LICENSED PHYSICIAN SIGNATURE		PRINT NAME	DATE (MM/DD/YY)		
LICENSE NUMBER/SPECIALTY	PHYSICIAN EMAIL ADDRESS		PHONE/FAX NUMBER		
OFFICE ADDRESS	CITY		STATE	ZIP CODE	

**The laws of some states require us to furnish you with the following notice:**

**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:** A 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, Louisiana, Rhode Island, and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment for 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.

**California:** 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.

**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.

**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 or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

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

**Indiana:** Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information 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.

**Maine, Tennessee, Virginia, and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes 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 R.S.A. 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.

**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 \$5,000 and the stated value of the claim for each violation.

**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.

**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.

**Texas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.