



## **BUSINESS TRAVEL ACCIDENTAL DEATH AND DISMEMBERMENT CLAIM FORM**

### **IMPORTANT INSTRUCTIONS FOR COMPLETING THE CLAIM FORM**

To expedite claim processing, the attached claim forms need to be fully completed and the following instructions must be adhered

Form must be completed in its entirety and certified by an official representative of the employer or the plan.

Please provide the employee's itinerary or any other information that demonstrates that the employee was on the business of the policyholder at the time of the accident.

Please provide proof of salary (attach W2 or commissions, if applicable)

Please provide the beneficiary designation forms on file with the policyholder, if any. If none on file, the official representative shall certify to that fact on the claim form.

#### **Part II – Claimant's Statement**

To be completed by claimant or beneficiary in its entirety

Please furnish any newspaper accounts or other pertinent information regarding the claim.

#### **Part III – Attending Physician's Statement (required for accidental dismemberment claims)**

Attending physician must complete this form. Any expense for completion of the form will be paid for by the claimant.

#### **Collateral – All Claims**

Required documents other than claim form

- Certified true copy of death certificate (Accidental Death Claim)
- Police Report (if applicable)
- Autopsy/Post Mortem & Toxicology report (if applicable)
- All relevant medical reports

If the claim proceeds are payable to an estate, Part II must be completed by the executor or administrator of the estate. A copy of the court document appointing the executor or administrator must be attached to this form.

If any designated beneficiary is a minor, Part II must be completed by the custodian or guardian. A copy of the court document appointing the guardian or a similar document must be attached to this form.

For a foreign death, the official death certificate and the Report of the Death of an American Citizen Abroad form must be attached to the claim form.

Claim Forms to:           AXIS Accident & Health  
                                  Attn: AXIS Claims  
                                  1 University Square Drive, Suite 200  
                                  Princeton, NJ 08540  
                                  Fax: (800)-419-8963



Mail to:                    AXIS Accident & Health  
 Attn: AXIS Claims  
 1 University Square Drive, Suite 200  
 Princeton, NJ 08540  
 Toll Free: (888)-870-2947  
 Fax: (800)-419-8963  
 Email: [USClaims.AccHealth@AXISCapital.com](mailto:USClaims.AccHealth@AXISCapital.com)

**BUSINESS TRAVEL ACCIDENT INSURANCE**

**PART I – Employer’s Statement**

Accidental Death & Dismemberment  
 Claim Form for EMPLOYEE or DEPENDENT

Group Policyholder/Employer Name: Northwestern University			
Group Policyholder/Employer Address:			
Name of Insured Employee/Participant:		Date of Birth:	Social Security Number:
Name of Deceased or Injured. (if different from above:)		Date of Birth:	Social Security Number:
Relationship to Employee:	Telephone Number:	Employee Class #:	Location:
Address:			
Did the Employee Select Family Coverage? (if applicable): Yes           No		Employee’s Marital Status: Married    Single       Divorced    Other _____	
Please list the dates of birth and names of the Employee’s Dependent Children (if any):			

Date of Injury:

Mail to:

AXIS Accident & Health  
Attn: AXIS Claims  
1 University Square Drive, Suite 200  
Princeton, NJ 08540  
Toll Free: (888)-870-2947  
Fax: (800)-419-8963  
Email: [USClaims.AccHealth@AXISCapital.com](mailto:USClaims.AccHealth@AXISCapital.com)



Northwestern University

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**PART III – Attending Physician’s Statement**



## FRAUD STATEMENTS

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### Important Notice

- *In General, and specifically*