HSR
Health Special Risk, Inc.

HSR Plaza II
4100 Medical Parkway
Carrollton, Texas 75007
Toll Free (800) 328-1114

PROOF OF ACCIDENTAL DISMEMBERMENT BENEFIT APPLICATION

(Please print or type except where signature is required)

1. Policy Name: _____

2. Policy Number: _____

3. Name of Insured: _____

4. Date of Birth: (mm/dd/yyyy) _____

5. Address of Insured: _____

_____

6. Social Security Number of Insured: _____

7. a. Date of Accident: (mm/dd/yyyy) _____

b. Place of Accident: _____
(Town) (Country) (State)

8. Describe fully how the accident occurred and the nature of injuries received and if motor vehicle involved, whether the insured was operator, passenger or pedestrian.

_____

_____

9. Did the dismemberment of the insured arise out of or in the course of his or her employment? Yes ☐ No ☐

10. Name and Address of Attending Physician(s) _____

_____

11. a. State the name of the beneficiary: _____

b. State the beneficiary's mailing address: _____

_____

c. Are you the beneficiary described in the certificate and entitled to the proceeds thereof? Yes ☐ No ☐

d. State your relationship, if any, to insured: _____

e. State your Date of Birth: (mm/dd/yyyy) _____

IMPORTANT! ATTACH HOSPITAL MEDICALRECORDS INDICATING THE DISMEMBERMENT AND NEWSPAPER ACCOUNTS, IF OBTAINABLE.

OVER

I agree that the insurance company shall not be held to admit validity of any claim or waive the breach of any condition of the policy by furnishing this blank and investigating this claim.

Dated at _____ X_____
(Beneficiary sign here)

On _____, 2_____

The signature of the beneficiary must be witnessed, in the space provided below, by a notary public or attorney at law.

_____ _____
(Witness to Signature of Beneficiary) (Title)

Given under my hand and seal of office this _____ day of _____, 2_____

_____
Notary Public or Attorney at Law

(Personalized seal)

_____
Print name of Notary Public here

My commission expires the _____ day of _____, 2_____

INSTRUCTIONS

1. The Company reserves the right to obtain further information should it be deemed necessary.
2. When benefits are payable to the estate of the insured, the Benefit Application must be executed by the executor or administrator and a certificate from proper court indicating the appointment must be furnished.
3. When benefits are payable to a minor, the Benefit Application must be executed by a guardian and a certificate from proper court indicating the appointment must be furnished.
4. If coverage is through a rental car agency, attach a legible copy of the rental agreement.

MAIL ALL NECESSARY DOCUMENTATION TO:

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