Fleet Reserve Association
Health Insurance Claim Form

Clear Form

Before completing, please read all instructions carefully to insure fast, accurate processing.

INSTRUCTIONS ON HOW TO SUBMIT A CLAIM FORM

1. The form must be completed with all requested information. Please sign and date the reverse side of form.
2. Complete Section 2 **only** if you want us to pay your insurance benefits to the provider (for example, doctor, clinic, hospital, etc.)
3. Enclose a copy of your TRICARE Explanation of Benefits form. Put your certificate number on the copy.
4. For TRICARE Supplements, if services were provided in a Civilian Hospital, please attach a copy of the TRICARE Explanation of Benefits Form; if services were provided in a Government Hospital, a copy of your Subsistence Receipt is needed; If you have TRICARE Prime Coverage, please submit a copy of your bill showing amount of charges and also the copayment amount.
5. If your claim for benefits is under the Hospital Income Plan, send a copy of the hospital bill showing admission and discharge dates.
6. Mail Claims to: Fleet Reserve Association
   P.O. Box 10340
   Des Moines, IA 50306-0340

Section 1 - Claimant's Statement (Please, only one patient per form)

Insurance number as shown on your ID card and schedule of benefits billing notice:
098-

Name of Member (Last, First, Middle Initial):	Date of Birth:
Address (Street, City, State & Zip Code):	Telephone Number: ( )
Name of Patient:	Date of Birth:
Address of Patient (Street, City, State & Zip Code):	Gender: ☐ Male ☐ Female

Relationship to Member: ☐ Spouse ☐ Daughter ☐ Son ☐ Other

Have you claimed benefits for this condition previously? ☐ Yes ☐ No If yes when? _____

Diagnosis or Description of Condition:

Section 2 - Assignment of Benefits (Complete this section only when you wish payment to be made directly to the provider's of service. If more than one provider, list each one on a separate piece of paper.)

Provider's Name: (Hospital, Doctor, etc.)	Provider's Telephone Number: ( )

Provider's Address:

Section 3 - Need Help? Have Questions? Call 1-800-424-1120

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.

In the majority of cases, the information contained on this form is all that is required to process a claim. In some cases, additional information is needed, requiring the claimant to complete and submit a more detailed form.

Important - Please read the statement that applies to your state of residence.
Complete the information at the bottom of the page.

For residents of all states EXCEPT California, Colorado, Florida, Kentucky, Maine, Maryland, New Jersey, New York, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: 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 fines and confinement in prison.

For Residents of 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.

For residents of 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 award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For residents of 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.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance 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.

For residents of Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

For Residents of 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.

For residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

For residents of 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 five thousand dollars and the stated value of the claim for each such violation.

For residents of Oregon: 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 that the insurer relied upon is subject to a denial and/or reduction in insurance benefit and may be subject to any civil penalties available.

For residents of 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 hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

The statements contained in this form are true and complete to the best of my knowledge and belief.

Signature	Date
Address	( ) Telephone Number