



SEABOARD LIFE
 INSURANCE COMPANY
 2050, 777 - 8th Avenue SW
 Calgary AB T2P3R5

Camper's Claim Form

Please print in ink

Claims Procedure

NOTE: PLEASE HAVE REVERSE OF FORM COMPLETED BY DENTIST AND/OR DOCTOR

Important - This form should be completed and mailed immediately to your agent or Seaboard Life Insurance Company together with fully itemized bills (or as soon as possible thereafter).

Note 1 - If the claim is for dental injury, have Section 'B' on the back of the form completed by the Dentist.

Note 2 - If additional treatment is required other than while at camp, have Section 'A' on the back of the form completed by the Doctor.

Camp/Camper Information

Name of Camp	Policy Number
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Address of Camp			
Street	City	Province	Postal Code

Name of Camper	Date of Birth
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Address of Camper			
Street	City	Province	Postal Code

Name of Parent or Guardian

Accident

Date of Accident	Nature of Injury
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Circumstances under which accident occurred

Sickness

Date of Onset	Diagnosis
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Treatment Received

Name and Address of Doctor(s) seen:

Dates

If Treated in a Hospital, Give Name and Address

Dates of Treatment

Are benefits for accidents or sickness provided under any other group insurance or plan?	Policy Number	Yes	No
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Certificate or Identity Number	Name of Insuring Company
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Signed: _____

Camp Director

Date Signed
