



Injury and Accident Form



If you have been involved in an accident or suffered an injury, we need the following information from you to complete our file prior to the possible payment of your claims.

Member Name: _____

Member Date of Birth: _____

Member ID Number as printed on ID card: _____

1. Please describe how, when and where your injury / accident occurred: (You may provide additional sheets if necessary)

2. List all the names and addresses of the providers seen as a result of this Injury or Accident

Was this condition the result of an accident or injury:

a. Related to your service with AmeriCorps? **Yes** **No**

b. Involving a motor vehicle? **Yes** **No**

If yes, please list the names of involved parties, insurance carriers, policy numbers and a claim number

c. Was a police report filed? **Yes** **No**

If yes, please submit a copy of the police report along with this form

1. Are you pursuing a claim against any other party? * **Yes** **No**

If yes, please provide the name and address of the other party(ies).

Name of other party: _____ Address of other party: _____

2. If legal counsel is representing you against other parties, please provide the name, address and phone number of your legal counsel. **Not Applicable:**

Name: _____ Address of legal counsel: _____

The completed form and any other necessary documents can be submitted to IMG by:

E-mail: **NCCCcare@imglobal.com** Fax: **(855) 851-2971** Postal Mail: **P.O. Box 88506 / Indianapolis, IN 46208.**

If you have any questions, please call IMG at **(855) 851-2974 or (317) 833-1711.**

Member Signature: _____ Today's Date: _____

*If another party was involved in this accident and is liable for payment of injuries, AmeriCorps will subrogate your claim. Subrogation entitles AmeriCorps to a refund of benefits paid out of any recovery from a third party, its insurer, or uninsured motorist insurance and allows AmeriCorps to file a lien or have a lien upon any recovery you receive.