

LEAGUE INSURANCE CLAIM FORM

Navy League 🕰 Ligue Navale

Claims Procedure – Claims must be presented within 30 days from the date of injury. Please answer all questions in full and submit completed form with itemized original receipts to the appropriate Cadet League National Office.

TO BE COMPLETED BY CLAIMANT		
Surname:	Given Name:	
Complete Mailing Address:		
Date of Accident:	Date of Birth:	Sex: □Male □ Female
Full details of the accident:		
Jature of injury sustained:		
I HEREBY CERTIFY THAT T	HE ABOVE INFORMATION	IS TRUE AND COMPLETE.
Signed Claimant	 Witness	 Date
Claman	WithCoo	Date
TO BE COMPLETED BY	OFFICER	
Cadet:	Cadet Corps/Squadron:	
Did this injury occur while participa	ting during a sanctioned activity?	□Yes □ No
Name of Officer:		
Address of Officer:		
Signed:		
Please have	*** Forms may be returned if not completed e reverse of this form completed by Dentist or	
Insurance Company, any and consultation, prescriptions of	Medical /Dental Authority al, physician, dentist or other person who has d all information with respect to any illness o or treatment and copies of all dental, hospital ization shall be considered as effective and va	or injury, medical history, dental history, or medical records. A photocopy of this

Signed _____

Date _____