

## **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.

Surname:		
Surfaire.		
Complete Mailing Address:		
Date of Accident:	Date of Birth:	Sex: □Male □ Femal
Full details of the accident:		
Nature of injury sustained:		
I HEREBY CERTIFY THAT THI	E ABOVE INFORMATIO	
Signed Claimant	Witness	Date
TO BE COMPLETED BY O	FFICER	
TO BE COMPLETED BY O		Squadron:
Cadet:	Cadet Corps/	-
	Cadet Corps/g during a sanctioned activity?	•
Cadet: Did this injury occur while participating	Cadet Corps/g during a sanctioned activity?	□Yes □ No
Cadet: Did this injury occur while participating Name of Officer:	Cadet Corps/g during a sanctioned activity?	□Yes □ No
Cadet:  Did this injury occur while participating Name of Officer:  Address of Officer:  Signed:	Cadet Corps/g during a sanctioned activity?	□Yes □ No
Cadet:  Did this injury occur while participating Name of Officer:  Address of Officer:  Signed:  ***  I hereby authorize any hospital, plansurance Company, any and all consultation, prescriptions or tree	Cadet Corps/ g during a sanctioned activity?  Date:  Medical/Dental Authority hysician, dentist or other person who landous and illnessed to any illnessed to a	eted in full ***  nas attended or examined me to furnish to the ss or injury, medical history, dental history, ital or medical records. A photocopy of this