

Administrative Duty

Underwritten by: Atlanta International Insurance Company
Administered by: Bay Bridge Administrators LLC

Claim Filing Instructions

Page 2 – Insured’s Statement of Claim:

Must be completed each time you file a claim. Be sure to answer every question.

Page 3 - Employer’s Statement

This form must be completed by your Employer representative.

Page 4 – Administrative Duty Updates

This form must be completed by your Employer representative. Updates will be required on a bi-weekly basis.

ALL REQUIRED PORTIONS OF THIS CLAIM FORM MUST BE COMPLETED TO AVOID UNNECESSARY DELAY IN THE PROCESSING OF YOUR REQUEST FOR BENEFITS.

Return fully completed claim form and employer’s statement by mail, fax or email to:

Bay Bridge Administrators, LLC
PO Box 161690
Austin TX 78716
512-275-9350 (fax)
claims@bbadmin.com

For questions call: 800-845-7519

Claim Form for Administrative Duty	Underwritten by: Atlanta International Insurance Company Administered by: Bay Bridge Administrators, LLC PO Box 161690 Austin TX 78716 800-845-7519
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INSURED’S STATEMENT OF CLAIM

Name of Insured: _____

Policy No: _____

Street Address: _____

Date of Birth: _____

Phone Number (area code first): _____

Date placed on administrative duty: _____

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.

Signature of Insured _____

Date _____

The above Statements are true to the best of my knowledge and belief

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Employer's Statement

To be completed by Employer		
Employee's Name:	SSN:	Date of Birth:
Date placed on Administrative Duty:		
Estimated Return to Work Date: _____ Note: If unknown, bi-weekly updates will be required with completion of the attached update form or via email to claims@bbadmin.com .		
Date of final disposition or employment termination:		
Name and Address of Employer:		
Employer Signature	Date Signed	
Printed Name and Title	Employer's Telephone Number	
E-mail address	Fax Number	

Return employer's statement by mail, fax or email to:

Bay Bridge Administrators, LLC
 PO Box 161690
 Austin TX 78716
 512-275-9350 (fax)
claims@bbadmin.com

For questions call: 800-845-751

Administrative Duty Updates for: _____
 (Employee Name)

Date	Administrative Duty Status	Complete by: Signature/Title
	<input type="checkbox"/> Return to work date unknown <input type="checkbox"/> Final Disposition: _____ (date)	
	<input type="checkbox"/> Return to work date unknown <input type="checkbox"/> Final Disposition: _____ (date)	
	<input type="checkbox"/> Return to work date unknown <input type="checkbox"/> Final Disposition: _____ (date)	
	<input type="checkbox"/> Return to work date unknown <input type="checkbox"/> Final Disposition: _____ (date)	
	<input type="checkbox"/> Return to work date unknown <input type="checkbox"/> Final Disposition: _____ (date)	
	<input type="checkbox"/> Return to work date unknown <input type="checkbox"/> Final Disposition: _____ (date)	
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	<input type="checkbox"/> Return to work date unknown <input type="checkbox"/> Final Disposition: _____ (date)	
	<input type="checkbox"/> Return to work date unknown <input type="checkbox"/> Final Disposition: _____ (date)	
	<input type="checkbox"/> Return to work date unknown <input type="checkbox"/> Final Disposition: _____ (date)	
	<input type="checkbox"/> Return to work date unknown <input type="checkbox"/> Final Disposition: _____ (date)	

FRAUD WARNING

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: 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.

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

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas and Oregon: Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files 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.

Maine, Tennessee 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 or a denial of insurance benefits.

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.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Pennsylvania and all other states: 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 subjects such person to criminal and civil penalties.