

# Victoria Independent School District

102 Profit Drive ■ P. O. BOX 1759 ■ Victoria, Texas 77902 | 361-788-9228 ■ FAX 361-788-9252

## Office of Human Resources – Employee Benefits

### Hospital Indemnity Plan – Claim Form

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Campus/Department: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Hospital Admission Date: \_\_\_\_\_  
Hospital Discharge Date: \_\_\_\_\_

### Signature

#### Authorization to Release Information:

I certify the above is complete and correct and that I am claiming benefits only for charges incurred by the patient named above. Authorization is hereby given to any hospital to give Seltz Insurance Consulting, Inc., upon request, any medical information which the plan(s) in their judgment deem necessary to the adjudication of this claim. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in State Prison.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions

1. Complete information requested above.
2. Obtain and attach proof of hospital admission. This should be in the form of an itemized bill from the admitting hospital confirming your hospital confinement. This bill must be on hospital letterhead. Failure to submit proper proof will delay the processing of your claim.
3. Present this form along with the proof of hospital admission described above to:

Employee Benefits Office- Human Resources  
Victoria Independent School District  
Attn: Tracy Beck  
102 Profit Drive  
Victoria, TX 77901

*"Achieving Excellence for All - Every Child, Every Classroom, Every Day"*

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