

# Event Ticket Cancellation Claim Form

## SECTION D – ILLNESS / ACCIDENT STATEMENT – TO BE COMPLETED BY PATIENT (REQUIRED IF REASON FOR CANCELLATION IS SICKNESS/ACCIDENT)

Name of Person Having Sickness or Injury \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Policyholder \_\_\_\_\_  
MM/DD/YY

Date Sickness or Injury Began \_\_\_\_\_ Date Ended \_\_\_\_\_  
MM/DD/YY MM/DD/YY

Nature of Sickness or Injury (if injury, describe accident, including date and place) \_\_\_\_\_

If hospitalized, please provide the period of hospitalization:

From \_\_\_\_\_ To \_\_\_\_\_  
MM/DD/YY MM/DD/YY

### Authorization for Release of Medical Information

In order to process a claim for benefits, I AUTHORIZE any physician, hospital, or other Medical Provider to release to StarNet Insurance Company, Berkley Life and Health Insurance Company, its authorized representative, or their legal representatives, any information regarding my medical history, symptoms, treatment, examination results or diagnosis. A photocopy of this authorization shall be considered as effective and valid as the original. This authorization shall be considered valid for the duration of the claim (applicable to CA, CT, GA, HI, MA, MN, NC, NJ, OH and VA). For all other states, this authorization is valid for 24 months from the date signed. I understand I, or my authorized representative, have a right to receive a copy of this authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YY