Mailing Address: 1 High Ridge Park, Stamford, CT 06905 | E-mail: claimhelp@mycisi.com | Fax: (203) 399-5596

For claim submission questions, call (203) 399-5130 or

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Instructions for Claim Submission on Unrelated to a Medical Incident

For claimants not residing in Alabama, Alaska, Arizona, Arkansas, California, Colorado, District of Columbia,

Delaware, Florida, Idaho, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, New Hampshire, New

Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Virginia

Washington nor West Virginia:

Any person who, knowingly presents a false or fraudulent claim for payment of 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.

<u>For residents of Arizona:</u> For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a