

— PRIN CARE PLUS CLAIM FORM —

To: J. W. Terrill Benefit Administrators *Attn: Prin Care Plus Administrator*

From: Principia Employee (name) _____ SS# _____

CONFIDENTIAL

Re: Prin Care Plus Statement of Claim

Fax: 636-728-7863 **Telephone:** 800-467-5982 **Number of pages:** _____

Date: _____ Or mail to: 16091 Swingley Ridge Road, Suite 200, Chesterfield, MO 63017

I hereby submit this Prin Care Plus claim as follows:

1) This claim is for: myself dependent (name/relationship): _____

2) Care/services addressed:

Athletic injury in Prin School event physical challenge/illness maternity

Give brief description of when and what required (e.g., last week, injured leg): _____

3) This claim results from an accident as opposed to an illness: yes no
If yes, please briefly describe circumstances: _____

4) Did this accident occur at work? yes no

5) Are you insured under any other private, employer, or governmental insurance plan that insures you for illness, accident, or maternity costs? yes no

6) The following care bills are attached:

Date	Provider	Cost

7) Name and address to which your check(s) are to be sent:

Name _____

Address _____

_____ Phone: _____

I understand that a separate form must be filed for each case or new matter for which benefits are claimed.

Date _____ Employee Signature _____

The PRINCIPIA

To: The Principia Community

From: Human Resources

Re: PRIN CARE PLUS CLAIM PROCESS

In addition to the new and improved benefits Prin Care Plus provides, we also have a new claim process for payment of Prin Care Plus benefits for both Christian Science and non-Christian Science care cases. For each new health matter it is necessary to open a case by filing a claim. Please note that the claim form is on the reverse side of this page.

To file a claim in **all** cases, fax or mail the completed and signed claim form on the reverse side of this page to J.W. Terrill Benefit Administrators.

For payment of benefits in Christian Science care cases, fax the claim form along with the Christian Science care facility, nurse, practitioner, and/or related telephone bill(s), to J.W. Terrill Benefit Administrators. J.W. Terrill will issue a check directly to you. You are responsible for paying the care provider. After a case has been opened, you can send subsequent Christian Science care bills using the "Prin Care Plus Claim Continuation Form." Principia fax machines are available for your use in Prin Care Plus claims matters. You may also mail any forms directly to J.W. Terrill Benefit Administrators at:

J.W. Terrill Benefit Administrators
16091 Swingley Ridge Road
Suite 200
Chesterfield, MO 63017
ATTN: Prin Care Plus Administrator
Telephone: 800-467-5982

For payment of benefits in medical provider cases present your Prin Care Plus insurance identification card and the Health Link doctor or provider will file your claim with J.W. Terrill for you. In the usual case the provider will arrange with you for J.W. Terrill to pay your benefit directly to the Health Care provider. You are responsible for paying any uncovered balance to the care provider. J.W. Terrill will provide a record of all such transactions to you on a regular basis.

Remember that there are deductibles and co-payments in Prin Care Plus that are your responsibility to pay.