

**INSTRUCTIONS FOR COMPLETING
STUDENT ACCIDENTAL INSURANCE CLAIM FORM**

Student Responsibilities:

1. Please answer the following questions (this instruction sheet must accompany the attached claim form).

a. Were you working on your college work-study job at the time of the accident?

Yes No

b. Please print your name (as it appears on your college records) and your student identification number in the spaces provided below:

_____ _____
Name Student ID Number

c. Are you enrolled in any of the TRIO programs?

Yes No

2. The student injured is responsible for answering all applicable questions on the Student Accident Claim Form (attached).

3. The claim form **cannot** be processed without your signature. Please ensure that you sign and date the attached claim form.

4. To expedite payment of fees under the terms of the Accident Insurance Policy, please return the completed and signed accident insurance form, along with this instruction sheet and any other support documentation (including itemized bills) to:

Richardine P. Jackson
Student Ombudsman
Office of the Vice President for
Student Development Services
Midlands Technical College
P O Box 2408
Columbia, SC 29202
803.738.7706