

# APPLICATION FOR BENEFITS

Issue Date: 4/23

To enable us to determine your entitlement to benefits under the provisions of Section 26.1-41-18 65B.64 of the North Dakota Auto Repairs Act, please complete, sign and date this form.

In order to comply with requirements of Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA)(P.L.110-173) requirements of Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA)(P.L.110-173), all questions within the Applicant Information section below **MUST** be answered completely and return it to:

**NORTH DAKOTA AUTOMOBILE ASSIGNED CLAIMS PLAN**  
**705 Shenandoah Ln N**  
**Plymouth, MN 55447**  
**612-670-7886**

*For your application to be considered, you must answer all questions and sign this application.*

1	Name (Last, First, MI)	Gender		Birthdate	Social Security #	Phone: Home	Work
		M	F	/ /	/ /	( )	( )
2	Current Address (Street, Number, City, State, Zip)				Address at time of accident (Street, Number, City, State, Zip)		
3	Date and time of Accident (AM/PM)				Brief description of Accident:		
	Place of Accident (Street, City, State)						
4	Names of persons residing in the same household as you at the time of the accident:						
	Name		Date of Birth		Relationship to You		
	a)						
	b)						
	c)						
	d)						
	e)						
5	Names of all other occupants of the vehicle at the time of the accident:						
	Name		Address			Phone Number	
	a)						
	b)						
	c)						
	d)						
	e)						
6	At the time of the accident:					Yes	No
	a) Did you own a motor vehicle?						
	b) Did any other member of your household own a motor vehicle?						
	c) Describe all motor vehicles owned by you or ANY person residing with you in the same household at the time of the accident.						
	Vehicle Make & Model		License Plate		Owner	Insurance Co	Policy Number
	1)						
	2)						
7	a) If you were a passenger or operator of a motor vehicle involved in the accident: Was the vehicle insured at the time of the accident?					Yes	No
	b) If you were a pedestrian: Was the vehicle which struck you insured?					Yes	No
	c) Describe the vehicle you were riding in or which struck you if you were a pedestrian:						
	<u>Vehicle Make &amp; Model</u>		<u>License Plate</u>		<u>Owner</u>	<u>Owner Address</u>	<u>Insurance Co</u>
							<u>Policy Number</u>
	d) Describe the other vehicle involved in this accident:						
	<u>Vehicle Make &amp; Model</u>		<u>License Plate</u>		<u>Owner</u>	<u>Owner Address</u>	<u>Insurance Co</u>
							<u>Policy Number</u>
8	Please describe your injury:						
	a) have you previously been treated for similar injuries?						

9	Please provide the name, address and phone number of each medical provider with whom you treated following this accident:		
	Health Insurance Company and address:		Policyholder:
			Policy Number:
			Group Number:
	Are you eligible for Medicare	Yes	No
			If yes, please provide HICN/Medicare number:
10	Medical expenses to Date:		Will you have more medical expenses?
11	At the time of the accident, were you in the course of employment?		Yes      No
12	What is your weekly wage or salary?	Date disability from work began:	Date you returned to work:
	\$		
13	List the name and address of each employer for which you worked at the time of the accident, indicating for each, your occupation and dates of employment.		
	Employer and Address	Occupation	Employed from: to :
	Employer and Address	Occupation	Employed from: to :
14	<p>In submitting this application, I agree to assign to the North Dakota Automobile Assigned Claims Plan my right to pursue from another party reimbursement of those amounts paid on my claim, pursuant to the North Dakota Auto Reparations Act. I agree to cooperate with the plan and its Servicing Insurance Company which may assert such rights and further agree not to take any action which prejudice those rights.</p> <p><b>I UNDERSTAND THAT ANY PERSON WHO SUBMITS AN APPLICATION OF FILES A CLAIM WITH THE INTENT TO DEFRAUD OR HELP COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.</b></p>		
15	Signature of applicant or guardian:		Date:

