



CLAIMS FOR DAMAGE OR INJURY

INSTRUCTIONS:

- 1) Answer all sections on both pages of this form completely and attach any additional information as necessary to support your claim.
2) Return this original signed and dated claim form and any attachments to the attention of the Chief Compliance Officer at the address below, in person or by mail.
3) Claims that are not submitted in compliance with the presentation requirements under California Government Code Section 915(a) will not be processed or handled as government claims.
4) See California Government Code Section 900 et seq. and the Health Plan of San Joaquin's (HPSJ's) Policy CMP30 for more information regarding presenting a claim against HPSJ. Please note the following timeframes:
a. Claims for death or for injury to person or to personal property must be presented not later than six (6) months after the accrual of the cause of action (Gov. Code Sec. 911.2(a)).
b. Claims relating to any other cause of action must be presented not later than one (1) year after the accrual of the cause of action (Gov. Code Sec. 911.2(a)).

[ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS]

Name of Claimant Member Identification Number of Claimant (if Claimant is an HPSJ member)
Home Address of Claimant Home Telephone Number
City State Zip Business Telephone Number
Business Address of Claimant
City State Zip





ADDRESS TO WHICH CLAIMANT DESIRES NOTICES OR COMMUNICATIONS SENT REGARDING THIS CLAIM (if different from an address listed above):

WHEN did damage or injury occur?

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WHERE did damage or injury occur?

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HOW and under what circumstances did damage or injury occur?

Please list the name, addresses and phone numbers of any witnesses who may have information regarding your injury or damage.

Please list the name, addresses and phone numbers of any witnesses who may have information regarding your injury or damage.

What injuries or damages did you suffer?

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WHAT amount do you claim? Include the estimated amount of any prospective loss, insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed.

(Attach copies of all documentation in support of the total amount claimed.)

	\$
	\$
	\$
Total Amount Claimed:	\$

Is the total amount claimed over \$10,000?

Yes  No

NAMES, addresses and telephone numbers of all persons known to have information about this claim: (Use attachment if necessary)





I HAVE READ THE FOREGOING CLAIM, INCLUDING ATTACHMENTS, IF ANY, AND KNOW THE CONTENTS THEREOF, AND CERTIFY THAT THE SAME IS TRUE ON MY OWN KNOWLEDGE, EXCEPT AS TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF, AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

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Signature of Claimant or Agent acting on behalf of Claimant	Type or Print Name	Date
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Relationship to Claimant

**NOTE:** You must provide all information necessary for HPSJ to consider the claim and as required by law for the claim to be deemed sufficient. (See, Government Code Sections 910, 910.2, 910.4, and 910.8.) Submit the original signed claim form and back-up documentation to the attention of the Clerk of the Board at the address below.

**WARNING:** It is a criminal offense to file a false claim. (See California Penal Code Section 72).

