

## **CLAIM 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 Clerk of the Board** 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 CalOptima Policy No. AA.1217 for more information regarding presenting a claim against CalOptima. **Please note the following timeframes:**
  - 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)).
  - 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)).

**Received via:** ☐ U.S. Mail  
☐ Interoffice ☐ Hand Delivery

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

\_\_\_\_\_  
Name of Claimant

\_\_\_\_\_  
Member Identification Number of Claimant  
(if Claimant is a CalOptima member)

\_\_\_\_\_  
Home Address of Claimant

(\_\_\_\_\_) \_\_\_\_\_  
Home Telephone No.

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Business Address of Claimant

(\_\_\_\_\_) \_\_\_\_\_  
Business Telephone No.

\_\_\_\_\_  
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? \_\_\_\_\_

**WHERE** did damage or injury occur? \_\_\_\_\_

**HOW** and under what circumstances did damage or injury occur? \_\_\_\_\_

\_\_\_\_\_

WHAT particular action or omission by CalOptima, or its employees, caused the alleged damage or injury? (Include names of employees, if known)

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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.)

<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
Total Amount Claimed	\$ <hr/>

If the total amount claimed exceeds \$10,000, indicate whether your claim would be a:

Limited Civil Case (\$25,000 or less) ☐ Unlimited Civil Case (more than \$25,000) ☐

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

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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

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Type or Print Name

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Date

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Relationship to Claimant

**NOTE:** You must provide all information necessary for CalOptima 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).