

CLAIM FORM

Email your completed form to claims@gocare.com. Deductibles must be paid before claims can be processed. Customer Service can be reached Monday-Friday, 8:00-5:00 MST at 855-462-2731.

Customer Name			
Email Address			
Phone Number			
Student Name			
Policy Number (if known)			
Type of Device			
Device Serial Number		Date of incident	
Describe damage in DETAIL <i>(Insufficient information can delay the claims process)</i>			
How did the incident occur in DETAIL <i>(Insufficient information can delay the claims process)</i>			
Is this device experiencing technical issues? If yes, please provide details.			
Was the device in a protective case?		Yes	No
How long has the device been damaged?			
Has the device been exposed to Liquid?		Yes	No
		If yes, when:	
Has the device been repaired before?		Yes	No
		If yes, when:	
Return Shipping Address (if applicable)			
Name			
Street Address			
City		State	Zip

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