



# Hartford Life and Accident Insurance Company Procedures for 4-H Accident/Illness Claims

## Purpose:

This insurance covers enrolled 4-H members and 4-H adult volunteers who are injured while participating in or traveling to or from an approved, regularly supervised 4-H activity. Sickness coverage is for illness which occurs during a 4-H activity. See the brochure for actual coverage amounts.

Forms are available at: [http://ucanr.org/sites/risk/Forms\\_and\\_Waivers/](http://ucanr.org/sites/risk/Forms_and_Waivers/) or <http://4h.ucanr.edu/Resources/Policies/Forms/>

Step 1: Complete and submit the Participant Accident Statement Claim Form (injured party or Parent/Guardian, if a minor) to UCCE 4-H YDP County Office.

## Part I: POLICY HOLDER'S STATEMENT

- A. Information about the Policyholder (Pre-filled, add County Name under Participating Organization)
- B. Information about the Claimant
  - a. Claimant (Inured Party) Name
  - b. Date of Birth
  - c. Social Security Number
  - d. Claimant Address
  - e. Claimant Phone Number
- C. Information about the Claim
  - a. Medical Expense Benefits Claimed due to: (Select One)
  - b. Date of Accident
  - c. Time of Accident
  - d. Place of Accident
  - e. Circumstances of Accident
  - f. Nature of Injury
  - g. Nature of Sickness (if applicable)
- D. Required Attachments and Signature
  - a. Title of County UCCE 4-H YDP Official
  - b. Date and Signature of UCCE 4-H YDP Official
  - c. A copy of the itemized bill(s) from the medical services provider must be attached to the Claim Form. If you paid for the services, please indicate that you paid for these services, by providing proof of payment and indicate the remittance should go to you and not the service provider. Please keep copies of all documents for your records.

## Part II: CLAIMANT'S STATEMENT

### A. Information about Claimant

- a. Claimant Name
- b. Date of Birth
- c. Social Security Number
- d. Claimant Address
- e. Claimant Gender
- f. Name of Parent/Guardian and Relationship to Claimant
- g. Phone Number(s)
- h. Email Address
- i. Claimant's Other Source of Medical Insurance

### B. Information about Claimant's Condition

- a. For injury (Answer Questions)
- b. For illness (Answer Questions)
- c. For illness or injury (Answer Questions)

### C. Certification

- a. Signature of Adult Claimant or Parent/Guardian confirming the information by signing and dating form and the Fraud Warning certification.

Step 2: Submit the claim form and itemized bill(s) to the UCCE 4-H YDP Office. (UCCE County Office)

- The UCCE 4-H YDP staff will sign the form at the Policyholder Official Box and will process and submit the claim to the Hartford Claims Office.
- The payment from The Hartford is usually sent to the Claimant who is responsible for the payment of bills.
- The process takes from 6-8 weeks once the claim has been sent to The Hartford.

Mail to:  
P.O. Box 189  
Bridgton, ME 04009  
Phone: 1-888-998-2240  
Fax: 1-207-647-4569

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