



Procedures for 4-H Accident/Illness Claims For Staff

Purpose:

These step by step instructions are provided to help the 4-H YDP personnel complete and process accident or illness insurance claims.

Step 1: Discuss insurance process with adult claimant or parent/guardian, if a minor.

Determine if the injured party wishes to submit a claim.

Step 2: Assist the claimant or their parent/guardian if they have questions about Part II – Claimant’s Statement on the Participant Accident Statement Claim Form.

- The form is available at <http://ucanr.edu/sites/UC4-H/files/80575.pdf>
- Claimant signs the statement and Fraud Warning certification.

Step 3: Assure relevant materials are attached to the Claim Form

- A copy of the itemized bill from the medical services must be included with the Claim Form.

Step 4: Review and sign Claim Form.

- UCCE 4-H staff indicates on form if this is an accident or sickness by checking the appropriate box.
- Reviews claimant’s information.
- Verifies signatures of adult claimant or Parent/Guardian.
- UCCE Staff Signs as Policyholder Official.

Step 5: Submit the completed claim form to The Hartford and a copy to the State 4-H YDP Office.

- Submit the claim to The Hartford Claims Office to the address below.
- The payment from The Hartford is sent to the claimant who is responsible for the payment of bills.
- This process takes from 6-8 weeks once the claim has been sent to The Hartford.

ADDITIONAL STEPS:

Upon notification of an accident/illness:

- Ensure that the parent/guardian has been notified.
- Ensure that the situation is safe and needs no further direct action.
- Ask for written documentation of the accident/illness in the form of a letter or email.
- Complete an UC ANR Incident Report Form.
 - Submit the form to UC ANR Risk Services and Statewide 4-H YDP Office within two days of the incident. Incident Report forms are available online at:

https://ucanr.edu/sites/risk/Forms_and_Waivers/

- Maintain an individual file folder for the incident.
 - Copy and file all relevant information in this folder during the process and maintain for five years. This includes the copies of the Claim Form itemized bills, and the UC ANR Incident Report Form, and any other relevant materials.

<p>Send Claims To:</p> <p style="text-align: center;">The Hartford P.O. Box 189 Bridgton, ME 04009 Phone: 1-888-998-2240 Fax: 1-207-647-4569</p>	<p>Send Copy To:</p> <p style="text-align: center;">State 4-H Office 2801 Second Street Davis, CA 95618 Phone: 530-750-1344 Fax: 530-756-1148</p>
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