

Claims: Bodily Injury

If someone is injured or requires medical attention while on church premises or at a church activity, follow these procedures.

1. Seek appropriate medical attention.
2. Investigate the situation and protect personnel from further injury.
3. List all possible witnesses with names, addresses, and phone numbers.
4. Report the situation to Risk Management Services at 1-800-825-2806 (ext. 1492 for Activity, Volunteer, International Travel/Medical, and Worker's Comp; or ext. 1493 for all other claims) and to your supervisor, pastor, or camp director the same day or next working day.
5. Complete a Bodily Injury and Illness Report Form and return it to Risk Management Services at the address on the form.
6. Our insurance policies are secondary, therefore as all medical bills are the responsibility of the individuals injured and they should be submitted to their own insurance company for payment.
7. If the individual's own health insurance doesn't pay the total amount of the bill, submit the following to Risk Management Services:
 - a. An explanation of benefits from the insurance company and all other sources showing amount paid. (EOB)
 - b. Medical bills (copies only) showing balance due. It must match EOB amount.
8. If the church might be negligent, the claim will be submitted to Katie Clark at extension 1493, who will contact the church-contracted adjuster to investigate. The adjuster may take a statement from all those who may have knowledge of the incident.

updated: 09/27/2011

Activity Insurance

Blanket Excess Accident Insurance

Persons Insured

Coverage is provided for persons that are participants in youth group activities, resident camps, retreats and mission trips, including church provided transportation directly and uninterrupted to and from such activities.

Hazards Insured Against

Coverage includes any sudden, unforeseeable event that results in initial bodily harm, independent of disease or bodily infirmity.

Benefits

Provides excess coverage above individual's primary health coverage (individual's health insurance will be used first). When no health insurance is available, this Activity Accident Insurance will be primary.

Limits of Coverages

Accident medical = up to \$25,000

Sickness medical = up to \$2,500

Accident death benefit = \$5,000

Reporting Claims

All claims should be reported to Risk Management Services; see report form on the next page.

updated: 08/24/2011

Community of Christ

Bodily Injury and Illness Report Form

In Case of Injury/Illness:

(Not for Worker's Compensation)

Risk Management Services

- 1) Report injury/illness requiring emergency medical attention
- 2) After emergency care is given, please call. Then fax or scan this form to Risk Management and include other information (leave message 24/7).
- 3) Extreme emergency? Call emergency phone 816-853-0012.

1001 W Walnut Street
 Independence, MO 64050
 Phone: 800-825-2806
 Fax: 816-521-3035

For Activity, Volunteer, Int'l Travel claims contact: San Mohler, extension 1492 (smohler@cofchrist.org)
For all other accidents contact: Katie Clark, extension 1493 (kclark@cofchrist.org)

If you do not get a response from us ASAP, please resend to rboyd@cofchrist.org (816-853-0012)

PLEASE PRINT CLEARLY

WHERE	Organization Sponsor: (Scouts, Congregation, etc.)	Mission Center:
	Location/Address of Event: (Congregation, Campground, etc.)	Name of Event: (Camp, retreat, etc.)
WHO	Claimant name (injured/ill person), complete address & phone(s):	Parent/guardian name & address (under 18 yrs old):
	Date of Birth:	Do you have health insurance? Yes No Name of Carrier (i.e., Private Plan, guardian, none)
	Social Security Number:	
	Are you on Medicare? Yes No	Day phone (cell):
	Are you on Medicaid? Yes No	E-mail address:
WHAT/WHEN	Date of injury/illness: Time: a.m./p.m.	Place where injury occurred (cabin, parking lot, sanctuary, etc.):
	Description of how injury/illness happened (include specific area(s) of the body which were injured):	
	Medical provider name/address & phone number (where taken):	
	Name of Event Director, e-mail, address & phone:	
	Activity engaged in at the time of injury/illness:	Medical staff name/e-mail:
<p>I certify that the above individual was participating in a church sponsored activity and at this activity was injured or became ill. I believe the above information on this report to be correct.</p>		
Signature of Reporter:	Reporter's <u>Printed</u> Name:	Day Phone: Report date:
<p><u>Other information which needs to be reported:</u></p>		