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**HARTFORD LIFE AND ACCIDENT**

**INSURANCE COMPANY**

**Procedures for 4-H Accident/Illness Claims**

**4-H Adult Volunteer**

**Injured Party (and Parent/Guardian)**

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.

Form is available at: http://www.ca4h.org/files/80575.pdf

* **Step 1: Complete the Claim Form** *(Injured party or parent/guardian, if a minor)*
	+ The claimant (or their parent/guardian, if a minor) fills out boxes:
		- Claimant Name
		- Claim Date of Birth
		- Claimant Phone Number
		- Claimant Address
		- Date of Accident
		- Time of Accident
		- Place of Accident
		- Cause of Accident
		- Indicate Injured Body Parts
		- Witness to the Accident
		- Supervisor of the Activity
		- Nature of sickness (if applicable)
		- Date sickness first commenced
	+ Confirm the information by signing the bottom of the form in the fraud warning certification box.
	+ Have the supervising 4-H adult volunteer or adult witness sign the form in the Fraud Warning Certification box.
* **Step 2: Include relevant materials with the Claim Form** *(Injured party or parent/guardian, if a minor)*
	+ A copy of the itemized bill from the medical services must be attached to the Claim Form.
* **Step 3: Submit the Claim Form and Itemized Bills to the UCCE 4-H Office.**
	+ The UCCE 4-H YDP Staff 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.
	+ This process takes from 6-8 weeks once the claim has been sent to The Hartford.

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