



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Procedures for 4-H Accident/Illness Claims

INSTRUCTIONS FOR: 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 www.ca4h.org/4hresource/forms/stateforms/UC4-H-InsuranceClaim.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.