

Proper completion of the Proof of Loss Form when a volunteer is injured

It is extremely important that the Proof of Loss Form submitted to us when a volunteer incurs an accidental bodily injury going to, from or during their volunteer activity is properly completed. Below are directions to complete the form which will allow registration of the claim in the timeliest manner possible.

Important! It is the sponsoring volunteer organization's responsibility to complete page one of the form and oversee the completion of page two. Please do not mail the form to your volunteer for completion.

Please register claims with us, as soon as you are aware a claim has occurred, by completing the Proof of Loss Form which can be found at <http://www.cimaworld.com/wp-content/uploads/2012/07/universal-claim-form.pdf>.

Do not wait to register a claim until the volunteer gives you bills, Explanation of Benefits or Itemized Statements from providers with diagnosis codes, as this can take significant time. **Registering the claim promptly is extremely important.**

Every section of the Proof of Loss Form *must be fully completed* in order to register a claim for a volunteer who has incurred an accidental bodily injury. Incomplete forms will be returned for completion, which delays registration. Following the directions below, will allow us to register the claim for your injured volunteer in a timely manner.

1. One page one, in the "Check one" section near the top of the form, please check the appropriate box for the program your volunteer is registered under.

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| CNS/RSVP | Retired Senior Volunteer Program |
| CNS/SCP | Senior Companion Program |
| CNS/FGP | Foster Grandparent Program |
| VIS | Volunteers Insurance Program (traditional volunteers) |
| CRASVP | Court Referred Alternative Sentencing Program |
| WRVP | Work Release Program |

2. Name of Sponsoring Organization – This is name of the organization that purchased the coverage, not the site where the volunteer was injured.
3. Sponsoring Organization Code – This code is on communication you receive from us, e.g., invoices, policies, etc. If you do not know the code, please call or email either Joan Wankmiller at 800.222.8920, ext. 7306, jwankmiller@cimaworld.com or Vicki Brooks at ext. 7301, vbrooks@cimaworld.com and they will be happy to provide your code. If you send an email, please provide the name of your organization, along with the city and state where you are located.
4. Address, City, State and Zip of the sponsoring organization
5. Sponsoring organization contact, email address and phone number.

6. Last and first name of injured volunteer. Please use full legal name to match the name that will be shown on bills submitted. Do not use nicknames.
7. Social Security No. and Date of Birth of injured volunteer – These are indicators for Health Special Risk and refusal to provide the information is an insurance company’s reason for non-payment.
8. Nature of Injury: Please indicate what body part was injured. Example: Volunteer fell hitting leg and arm.
9. Describe how the accident occurred. – Example: Volunteer was walking out of the room and tripped.
10. Describe what the volunteer was doing when injured. – Example: Volunteer was serving lunch to client.
11. Date of the accident
12. Place of the accident (if the volunteer was at a volunteer station, it can be shown here), time of the accident and first treatment date (if known)
13. Name and title of person supervising activity (if one). List anyone present at time of the accident and whether they were a witness.
14. Please indicate to whom payments should be made. We suggest you enter “providers” here, so the provider is paid directly. If a volunteer has paid for something themselves, as long as receipts are provided, the volunteer will be reimbursed directly.
15. Signature of authorized Sponsoring Organization representative, title, date.

Page 2, Part II is to be completed by the volunteer. All sections must be completed and/or checked and the volunteer must sign and date the form.

1. **Please do not mail the form to your volunteer for completion.** We find that frequently the volunteer misplaces the form and the claim is not returned to be registered.

Please contact Joan Wankmiller at 800.222.8920, ext. 7306, Email: jwankmiller@cimaworld.com or Vicki Brooks at 800.222.8920, ext. 7301, Email: vbrooks@cimaworld.com any time, if you need assistance in completing the Proof of Loss Form.