

## Accident and Sickness Insurance

All registered members and leaders in the Chester County Council, BSA are covered under an accident and sickness umbrella policy. Keep this nearby for use if you use medical services during a Scouting activity. To eliminate confusion about accident and sickness insurance, we offer the following to help effectively process claims.

ACE, American Insurance Company, HSR Health Special Risk, Inc. is our insurance provider. Umbrella policy is the insurance for which all Scouts and Scouters are assessed \$1.00 per year at re-chartering time.

If you have an incident where it becomes necessary to seek medical services, the procedure you should follow is quite simple and will help to speed up processing of claims to hospitals and doctors.

For incidents occurring during an official scouting activity, the following procedure should be followed:

- Thoroughly complete the included accident report, when possible having the health service provider fill out the bottom portion and sign. Provide a copy to your Cubmaster **as well as** submit a copy to the Chester County Council.
- **Initial billing should be sent to your insurance company as the primary holder.**
- Give the health service provider the name of our insurer carrier as the secondary holder and policy number: PTPN00327402 HSR 6/1 – 6/1, Current year.

If you take the accident report to the hospital with you have them make a copy for their records and you send the original into the Chester County Council Service Center.

### **Following the procedure will set in motion the following:**

Provide the Health Service Provider with your Insurance Co. as Primary Holder.

Leaders should fill out the claim report and submit to:

Health Special Risk, Inc  
HSR Plaza  
4100 Medical Parkway  
Carrollton, TX 75007-1517

**Please access a copy of the Health Special Risk Claim Form by clicking on the following link: <http://www.healthspecialrisk.com/forms/BSAClm.pdf> or visiting [www.healthspecialrisk.com](http://www.healthspecialrisk.com) and follow the above path.**

### **Coverage includes:**

- ❑ **Accident Medical Benefits \$15,000**
- ❑ **Dental Injury Benefits \$5,000**
- ❑ **Ambulance Service Benefits \$6,000**
- ❑ **Specified Injury Benefit \$35,000**
- ❑ **Sickness medical benefit \$7,500**
- ❑ **Non duplication Amount \$300.00**

If you have any questions on coverage or procedures, please contact David Nickerson at 610-696-2900, ext 13.

**Chester County Council BSA**  
**IN COUNCIL REPORT**  
**Health Special Risk, Inc Secondary Policy Holder**  
**ACCIDENT REPORT**

Chester County Council  
 504 South Concord Road  
 West Chester, PA 19382

Boy Scouts of America  
 (610) 696-2900

Name	Age	Telephone Number
Address/City/State/Zip		

If a minor, Name of Parent \_\_\_\_\_ was parent notified? ( ) Yes ( ) No

Unit No. \_\_\_\_\_ District \_\_\_\_\_ Council \_\_\_\_\_

Date and Time Injury occurred: Date \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Camp Horseshoe \_\_\_\_\_ Camp Ware \_\_\_\_\_ Other \_\_\_\_\_

If an accident, where and how did it happen? What was individual doing? Using tool? Was there a mechanical defect? Did an unsafe act occur?

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Describe Nature of injury or illness:

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**List the person in charge at the time of the accident:** \_\_\_\_\_

Was first aid treatment provided? ( ) Yes ( ) No

If yes, list name of person providing treatment: \_\_\_\_\_ Unit: \_\_\_\_\_  
 Position: \_\_\_\_\_

Attending Physician's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Care obtained at: Physician's Office \_\_\_\_\_ Hospital Name \_\_\_\_\_

Address \_\_\_\_\_

Was the injured Person taken home or returned to camp? \_\_\_\_\_

**FOR SUMMER STAFF ONLY**

Social Security Number	Under 18-Permit Number	Circle One – Counselor or CIT	
Occupation for which issued	Occupation	Department	
Date of Birth	Circle One - Male or Female	Married Yes / No	No. Children Under 18

Unit Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_

Report Prepared by \_\_\_\_\_ Date \_\_\_\_\_