

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: 816-521-3099

For Activity, Volunteer, Int'l Travel and all other accident claims contact: Jim Craft, 816-853-0012 (jcraft@cofchrist.org).

If you do not get a response, please resend and copy rboyd@cofchrist.org

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:

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.

Signature of Reporter:	Reporter's <u>Printed</u> Name:	Day Phone:	Report date:
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Other information which needs to be reported:

PLEASE NOTE: If Activity/Volunteer: Coverage provided is an "excess" policy. Your personal insurance must be submitted first. After payment has been made by them, if there is still an unpaid bill, forward it along with the Explanation of Benefits statement from your insurance company with copies of the itemized bills to the address at the top (Christopher Shaw). You may mail, fax or email this information. If there is no personal insurance, this policy will become primary.