

## ACCIDENT/SICKNESS INSURANCE

### How to File for Benefits

To file for benefits under this Plan of Insurance, please take the following steps:

1. Use the claim form that is provided on the council website. (Only one claim form for each accident needs to be submitted). It is up to the individual to file a claim with Health Special Risk, Inc. and provide all documentation **within 90 days from the date of injury. Send all claim forms to Health Special Risk, Inc., 4100 Medical Parkway, Carrollton, TX 75007-8870.** Claim forms are available through the Southwest Florida Council at [www.swflcouncilbsa.org](http://www.swflcouncilbsa.org). as well as additional information on coverage, limits, etc. **The coverage provided has maximum limits it pays and a maximum benefit period, 52 weeks from the date of the incident.**
2. Complete the leader's statement on the claim form, sign and include unit leader's name, address and phone number supervising activity.
3. Have the claimant, if adult, or the parents (guardian) of the youth for whom the claim is being presented, sign their respective statements on the claim form. (Once completed, make a photocopy for your records and mail to the address shown below).
4. Send the claim form (**Only**) to the Southwest Florida Council, 1801 Boy Scout Drive, Fort Myers, FL 33907, or email to [Lori.Laumeyer@scouting.org](mailto:Lori.Laumeyer@scouting.org) to obtain the signature of the council representative (line 13). **The signed claim form will be returned for you to submit.**
5. **Attach all bills after you have received your primary insurance Explanation of Benefits (EOB) forms, identifying the patient with the date(s) of treatment(s) and the condition treated and send them along with the completed claim form (original bills must be submitted with claim form). Be sure to keep copies for your personal record.**

### YOUR BILLS

- *Please advise all doctors/hospitals regarding this coverage so they may forward their itemized bills to us.*
  - *If you have already been to the doctor/hospital and did not know about this coverage, please send all of the itemized bills you receive to HSR at the address shown below.*
  - *The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for and the specific itemized charges incurred.*
  - *If this information is not on the bill when you send it to us, we will have to contact the doctor/hospital which will delay the review of your claim. "Balance Due" statements do not contain sufficient information to complete your claim. Mailing HSR "Balance Due" statements will only delay the processing of your claim.*
6. **Note - Accidents to Scouts at Camps or other district/council/regional activities: Claim forms must be submitted by parent (guardian). All bills from local physicians/hospitals should be billed to the individual.** The Southwest Florida Council is not responsible for handling bills not submitted in this manner.

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**After the claim form and initial bills have been sent to Health Special Risk, Inc., direct any additional bills and questions to:**

Health Special Risk, Inc.  
HSR Plaza  
4100 Medical Parkway, Suite 200  
Carrollton, TX 75007  
Telephone: 1-866-726-8870  
Fax: 972-512-5820  
Email: [boyscouts@hsri.com](mailto:boyscouts@hsri.com)

*If you have any questions, please contact Customer Service from 8:00 AM thru 5:00 PM, Monday – Friday*

In all correspondence to HSR, be sure to show the name and number of the Southwest Florida Council (088) and the name of the member sustaining the loss. Normally, benefits will be sent directly to the provider of the treatment, that is, the physician or hospital. However, if the bill for services has been paid by the person applying for benefits, benefits can be paid directly to this person.

\*If you have any questions regarding a claim, please direct them to HSR at the above address or phone number. You may also email Customer Service at [boyscouts@HSRI.com](mailto:boyscouts@HSRI.com). Claimant is responsible for settling claim directly with HSR. Please contact the council if you need assistance.

**BSA'S PROGRAM OF INSURANCE FOR YOUR COUNCIL IS UNDERWRITTEN BY Health Special Risk, Inc.**

NOTE: This brochure has been prepared by Health Special Risk, Inc. The information given is a description of the coverage, benefits and exclusions contained in the Master Policy issued to the National Council of the Boy Scouts of America and the Certificate of Insurance issued to your local Council. All information given is subject to the terms and conditions of the Master Policy. The policy is renewable, subject to the Company's approval.

### **EXCESS INSURANCE**

The policy is excess to any other available source of medical benefits. This means that you must file your bills through your primary, or personal, insurance carrier prior to this policy responding. When your primary insurance company processes the charges, they will send you an Explanation of Benefits, or "EOB". You must forward a copy of the Explanation of Benefits for EACH CHARGE.