



University of California, Santa Barbara
Student Off-Campus Insurance Claim Form
 Proof of Loss Off-Campus/Medical Reimbursement for Accident or Sickness

INSTRUCTIONS

The UC group leader must use the Student Off-Campus Insurance Claim Form to promptly report treatment received and costs incurred as the result of any injury or illness contracted by an eligible UCSB student while involved in a covered activity. Submit completed form to UCSB Risk Management.

DEPARTMENT

Date of Report: _____ Department _____ Campus: **UC Santa Barbara**

Address: _____ Fax: _____

Dept. Contact: _____ Email: _____ Ph: _____

INJURED STUDENT

Name of Injured Student: _____ Gender: Male Female

Address: _____ Birthdate: _____

Work Ph: _____ Home Ph: _____ Email: _____

CLASS/ACTIVITY

Class Name & No: _____

Group Leader: _____ Email: _____ Ph: _____

Name of Supervisor: _____ Email: _____ Ph: _____

Describe activity engaged in at time of injury/illness: _____

Location: _____ Did accident/illness occur at UC-sponsored activity: Yes No

INJURY/ILLNESS

Describe where and how accident/injury/illness occurred: _____ Date of injury/accident: _____ Time of day: _____

Describe extent and nature of injury/illness:

Describe action taken at scene of accident/injury/illness:

INSURANCE

Is medical reimbursement available through any other University-sponsored program: Yes No

REPORT BY

UCSB Group Leader: _____ Title: _____

Signature: _____ Ph: _____ Date: _____

CLAIM REPORTING REQUIREMENTS

- 1) Any person in charge of a University activity covered by this policy (see [Quick Tips: Student Off-Campus Insurance](#)) is considered a group leader. The group leader is responsible for promptly reporting any accident/sickness that may be reimbursable to sponsoring department/organization. The sponsoring department/organization must make the necessary reports to UCSB Risk Management within the prescribed time periods.
- 2) In event of death/dismemberment, sponsoring department/organization must report it to UCSB Risk Management immediately.
- 3) The sponsoring department/organization must provide a written notice of claim to UCSB Risk Management within 20 days after occurrence of a covered loss.
- 4) For reimbursement of medical expenses due to accident or sickness, the sponsoring department/organization must submit a completed [Student Off-Campus Insurance Form](#) and the [Attending Physician's Statement](#) form to UCSB Risk Management with supporting medical bills and a cover letter describing the accident or sickness and a statement to the effect that the accident of sickness occurred on a sponsored trip or activity within 90 days following discovery of a covered loss.
- 5) When student returns to home campus, this policy becomes secondary to any group health coverage available to the student.