



PROCESS FOR FILING A CLAIM FOR UNINSURED MEDICAL COSTS OR PERSONAL PROPERTY DAMAGE ON INSTITUTION PROPERTY

WHERE ARE FORMS MAINTAINED?

Forms may be obtained from the Personnel Office on Main campus. The forms are also available on-line at www.bishop.edu. Return completed form with attached supporting documentation to the Personnel Office located in the Business Technology Center on Main campus or the Business Office located in the Administration Building on Main Campus.

WHO REVIEWS THE CLAIM AND MAKES A RECOMMENDATION TO THE PRESIDENT?

The Dean of Business and Finance and the Director of Human Resources, or their designees, will review all claims and make a recommendation to the President.

HOW IS THE CLAIMANT INFORMED OF THE OUTCOME?

The College will mail the claimant a letter with the College's approved recommendation. The correspondence will include information on the claimant's right to file a contested claim with the Alabama State Board of Adjustment (BOA) and will provide the claimant with appropriate forms and procedures for filing a claim with the BOA.

WHO IS RESPONSIBLE FOR REPORTING CLAIMS TO THE CHANCELLOR'S OFFICE?

The President's Office is responsible for reporting all claims to the Chancellor's Office.



**CLAIM FOR UNINSURED MEDICAL COSTS OR PERSONAL PROPERTY DAMAGE ON INSTITUTION
PROPERTY**

1. Name of Claimant: _____

2. Mailing Address of Claimant: _____

3. Home Telephone Number: (____) ____ - _____

4. Business Telephone Number: (____) ____ - _____

5. Date of Accident or Injury: ____/____/____

6. Where did the injury or damage occur? _____

7. Statement of Facts (attach accident/incident report):

8. Is this claim made for:

a. Uninsured Medical Expenses? Yes No

i. Was this an on-the-injury? Yes No

ii. Amount: \$ _____

iii. Do you have insurance? Yes No

All medical expenses must be submitted to your insurance company. Attach documentation to support the amount claimed, such as itemized bills and insurance company statement(s) showing the expenses that have been filed and the amount paid or payable by insurance.

b. Permanent Disability? Yes No

i. Amount: \$ _____

ii. Describe: _____

Attach detailed statement by doctor or vocational expert describing extent of disability.

c. Damage to personal property? Yes No

i. Amount: \$ _____

Attach bills, receipts, etc. to substantiate amount claimed. If automobile, attach two estimates of repair costs.

ii. Describe property: _____
(Year/Make/Model of vehicle, watch, eyeglasses, clothing, etc.)

iii. Do you have insurance that would cover all or part of the damage? Yes No

iv. Amount of Coverage: \$ _____ Deductible: \$ _____

v. Have you filed for coverage to which you are entitled under your policy?
 Yes No

d. Miscellaneous/Other expense? Yes No

i. Amount: \$ _____

ii. Explain: _____

Attach documentation to substantiate.

TOTAL AMOUNT CLAIMED (Add a + b + c + d) \$ _____

No part of this claim has been assigned by me and no amount has been paid to or received by me in payment for any damages/injury complained of herein except as set out as follows: (list amounts received from insurance or any other sources)

Signature of Claimant: _____ **Date:** ____/____/____