

CAMP, CONFERENCE, AND FIELD TRIP INSURANCE

- **To request coverage**, fill out the [RM05](#) request form and forward to the Office of Risk Management via e-mail to Lois High at lehigh@purdue.edu.
 - This form needs to be submitted at least 1-2 weeks before the program starts.
- **Submit a roster** of names & e-mail addresses; parent information needs to be provided also, if participants are under 18.
 - This can be provided with the RM05 but must be submitted to the Office of Risk Management via e-mail to Lois High at lehigh@purdue.edu no later than 3 days after the program start date.
- **If a participant gets ill or injured**, arrange for the appropriate medical treatment.
 - If needed, you can provide the [AIL COI](#) (Certificate of Insurance) to the medical facility to show proof of coverage.
 - This does NOT show proof that the claim will be paid, only that the university has insurance coverage.
- The medical facility should be told that the American Income Life policy is primary to any other medical policy.
 - All medical invoices should be forwarded to the Office of Risk Management via Filelocker to Lois High or via fax at 765-496-1338.
 - Medical Info and Personal Health Information **CANNOT** be e-mailed due to Purdue's HIPAA Guidelines.
- **To submit a claim**, fill out the [RM26](#) Purdue/American Income Life claim form and forward to the Office of Risk Management along with any bills/receipts.
 - Camp counselors or faculty/staff members **NEED TO SIGN** the form before submitting to Risk Mgmt.
 - The claim form along with any additional information should be forwarded to Risk Management via Filelocker to Lois High or via fax at 765-496-1338.
 - Claims need to be submitted **NO LATER THAN 30** days after incident date.
 - Please remember, if we do not receive all the appropriate information, the claim could be denied and costs could possibly fall back onto the Dept, therefore we need a timely submission of all documents.
- All questions should be directed to Lois High in the Office Risk Management at 765-494-7695 or lehigh@purdue.edu.
- Review the annual [memo](#) outline coverage and pricing for this policy.
- In addition, be aware of the [EOB](#) (Explanation of Benefits) which explains items **NOT COVERED** under this policy.