

How to File a Claim

When a Girl Scout, adult member, or participant is injured during a supervised Girl Scout activity, the supervising volunteer should follow these steps to claim benefits. The Claim Form (M18979) is prepared by the Girl Scout volunteer or another authorized person who was at the scene of the accident and is familiar with the circumstances.

- This form is optional, and is for secondary medical coverage. Submitting a claim is up to the discretion of the injured party or the parent/guardian.
- If medical attention was required, and the injured adult or parent/guardian wishes to pursue secondary medical coverage, the Mutual of Omaha Claim Form will be prepared by the Girl Scout volunteer or another authorized person who was at the scene of the accident and is familiar with the circumstances.
- The claim form should be submitted after medical attention has been received.

Procedure for filing a claim:

1. The parent/guardian of injured participant or injured adult participant (Claimant) will complete and sign appropriate sections of the Claim Form.
2. The address section on the claim form should be the Claimant's home address.
3. The troop leader/volunteer or activity representative must complete the Girl Scout Leader Statement section of the Mutual of Omaha Claim Form. In addition, the troop leader/activity representative must sign page 2 of the Mutual of Omaha Claim Form.
4. *Be sure to provide all required information as soon as reasonably possible to expedite processing and avoid delay.*
5. The troop leader/activity representative should contact River Valleys with any questions about the Mutual of Omaha Claim Form regarding which insurance plan was selected.
6. The Claimant should submit the completed Claim Form to River Valleys (excluding medical billing documentation).
 - Completed Claim Forms should be sent by email to property.managment@girlscoutsrv.org.
7. River Valleys will sign the Claim Form and return to the Claimant.
 - *Mutual of Omaha will not accept Claim Forms without Council signature.*
8. The Claimant submits the signed Claim Form along with itemized billing complete with diagnosis, date(s) and procedure code(s) by mail to Mutual of Omaha:
United of Omaha Life Insurance Company
Special Risk Services
P.O. Box 31156
Omaha, NE 68131
9. The Claimant should retain a copy of the Mutual of Omaha Claim Form and any bills for their records.

Questions on insurance claims should be referred to the insurance company at the address shown above or by calling 1-800-524-2324.

*Only the insurance company can interpret coverage as it applies to a specific claim.

*Mutual of Omaha cannot answer Girl Scout program related questions.