



**Boy Scouts of America**  
**Important Instructions and Information on how to file an**  
**Accident or Illness claim**

**YOUR CLAIM FORM**

1. This claim form should be fully completed and submitted within 90 days from the date of injury. Be sure to answer and complete the section regarding “**OTHER INSURANCE STATEMENT**”, marking either yes or no, and signing the line for authorization, so that **HSR** and the doctors/hospital may communicate concerning your claim.

**Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.**

2. Only one claim form for each accident needs to be submitted.
3. Once completed, make a photocopy for your records, and mail to the address shown below.
4. DO NOT assume that anyone else will mail this claim form to **HSR** for you.

**YOUR BILLS**

1. Please advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills.
2. If you have already been to the doctor/hospital and did not know about this coverage, then please send all of the itemized bills to **HSR** at the address shown below.
3. 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.
4. If this information is not on the bill when you send this in 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.

**EXCESS INSURANCE**

This policy provides coverage on a secondary/excess basis. If you have any other primary insurance coverage you need to send the bills to your primary insurance first.

1. **HSR** will consider benefits after your other, primary insurance, has processed the claim.
2. We will require a copy of your primary insurance Explanation of Benefits (EOB) which you should receive from your primary insurance letting you know what was paid or denied, and the reason(s) why.
3. **HSR** will not be able to adjudicate your claim without this information.

If you have any questions, please contact **HSR Customer Service at (866) 726-8870**. They are available from 8:00 a.m. thru 6:00 p.m. Central time, Monday – Friday. You may also forward any documents by fax to (972) 512-5820.