



## County of Los Angeles (County) Volunteer Workers: Indemnification & Insurance Program Description

### Purpose

This handout was developed to provide you, the volunteer, with a brief description of County insurance programs which may be available to you.

### Eligibility

To qualify for coverage, you must be formally enrolled as a volunteer in a program or activities sponsored by the County and adhere to established volunteer work assignment guidelines. The County Department to which you are assigned will advise you of your work duties and will maintain an enrollment record to document your participation as a volunteer.

### Volunteer Medical Expense Reimbursement Insurance Policy

#### Purpose

The Volunteer Insurance Policy is intended to reimburse you for *medical expenses associated with the immediate treatment* of an injury you suffer as a result of performing volunteer services, and which are not covered by your own medical insurance. No coverage is provided for injury due to a "personal deviation" while traveling, or for injury contributed to by underlying disease, sickness, mental or bodily infirmity. Volunteers in general are not eligible to receive County workers' compensation benefits.

However, certain designated groups of volunteers may qualify per Board adopted resolutions, California Government Code, or Federal Volunteer Protection Act.

- **Summary of Benefits:**

Volunteers receive medical expense reimbursement and accidental death and dismemberment coverage through a commercial insurance policy purchased by the County. This policy, which is presently written by CIGNA, provides benefits of:

- up to \$10,000 for accidental medical expenses
- up to \$500 for accidental dental expenses, and
- up to \$5,000 for accidental death and dismemberment.

- **Where to Obtain Medical Treatment:**

You may obtain medical treatment from your private physician or other facility of your choice. However, you, the volunteer, are responsible for the initial payment of all medical bills – you must file a claim under the Volunteer Insurance Policy to receive reimbursement from the insurance company for any costs not paid under your own medical insurance.

Volunteers assigned to certain County facilities (such as hospitals) may be able to receive initial treatment at no cost from the County facility in which they work. Your supervisor or volunteer coordinator will advise you of your department's policy regarding provision of initial treatment to volunteers. However, if further medical treatment is deemed necessary, you will be referred to your own private physician and you must file a claim under the Volunteer Insurance Policy to receive reimbursement for your physician's charges.

- **How to Report an Injury, File a Claim and Obtain Reimbursement:**

If you are injured, you must notify your supervisor as soon as possible and assist with the completion of a claim form. In general, instructions for completion of the form require that:

- The volunteer's department supervisor (representative) signs the claim form.
- The volunteer provides certain information including complete name and address, SSN, and a description of the injury. The volunteer is also responsible for ensuring that their treating physician or the treating facility completes the physician's or facility's section of the claim form.
- The volunteer attaches copies of medical bills to the claim form. If medical billings are not readily available, they should be sent as soon as possible to the insurance company.
- The claim form and medical bills should be mailed without delay to CIGNA at the following address:

CIGNA Life & Accident Claim Services  
P.O. Box 22328  
Pittsburgh, PA 15222-0328

Questions concerning the claim form or the status of your claim may be directed to CIGNA at 1-800-36-CIGNA. Call between 5 am and 5 pm Pacific time and select option 4. If the call falls outside this time frame, leave a voicemail message and a CIGNA representative will respond the next business day.

Another option to file a claim is to call CIGNA's toll-free number and speak with one of the Customer Intake Representatives. CIGNA will take all initial information over the phone at 1-800-36-CIGNA or 1-800-362-4462.

CIGNA will make the final determination to approve or deny your claim in accordance with the terms of the insurance policy.

**PLEASE NOTE:**

- **Failure to promptly notify your supervisor of injury or late filing of your claim could jeopardize your benefits under this insurance program. If you have another medical insurance plan, it is also important that you notify your insurance company at the same time to preserve your rights to coverage under your own plan.**
- **This brief description of benefits is provided for general informational purposes only, and is not intended to provide all coverage details; the terms, exclusions and conditions concerning the medical benefits are governed by the insurance policy.**
- **Should there be any conflict or inconsistency between the information provided in this handout and the insurance policy, the insurance policy provisions shall prevail.**
- **The County reserves the right to amend or terminate the Volunteer Insurance Policy at any time without notice.**

**Third-Party Liability – County Defense and Indemnification of Volunteers and Accident Reporting Procedures**

- **Indemnification:**

You are defended and indemnified by the County for professional, auto and general liability (also known as "third party liability"), which may arise from your activities as a volunteer within the course of your volunteer assignment, unless your actions are fraudulent, malicious, or criminal. Volunteers are not indemnified for punitive damages. Therefore, it is very important that you have a clear understanding of your work assignment and authority.

- **Volunteers Who Provide Professional Services:**

In the event of any occurrence involving possible injury or death to a County patient or client, you will be required to assist your supervisor in the completion of your department's incident report form. This form may be obtained from your supervisor.

You must report any such incident within 24 hours to your supervisor, even if it did not result in any immediate injury or damage to the patient/client. Fatalities or serious injuries must be reported immediately. The completed incident report will be forwarded by your supervisor to the County's claim administrators.

- **Volunteers Who Drive in the Course of Their Assignment:**

Volunteers who are designated and authorized by the County to operate vehicles in the course and scope of their assignments are defended and indemnified for bodily injury or property damage, suffered by other parties, which may be caused by the volunteer. Such volunteers must possess a valid California driver's license and comply with all California State laws, including laws relating to financial responsibility (automobile liability insurance), seat belts and use of cellular telephones.

You must report any auto accident within 24 hours to your supervisor, even if it did not result in any injury or damage to you or to others. Fatalities or serious injuries must be reported immediately. If the accident caused injury or damage to others, you will be required to assist your supervisor in completing the attached "County of Los Angeles Report of Vehicle Collision or Incident." The completed report will be forwarded by your supervisor to the County's claims administrators. Please note that damage to Volunteer-owned vehicles or loss of personal items is not covered by the County. No coverage is provided for injury due to a "personal deviation" while traveling (for example, if you are injured when driving during your lunch break).

- **All County Volunteers (All Incidents not Involving Professional Liability or Auto Liability):**

Volunteers who witness other types of accidents (such as slips and falls) or who are themselves injured while performing their duties must report any such incident to their supervisors, and assist in completion of the attached "County of Los Angeles Non-Employee Injury Report." Similar to the requirements noted above, fatalities or serious injuries must be reported immediately. Your supervisor will send the completed report to the County's claims administrators.

Please note: Should there be any conflict or inconsistency between the information provided in this handout concerning County defense and indemnification of volunteers and County Code provisions or applicable state law, the County Code and state law shall prevail.

Any questions you may have regarding your volunteer service or this handout may be directed to your supervisor or your department Volunteer Coordinator. The Volunteer Coordinator's for the Department of Public Health is Jessica Mejia, she can be reached at (323) 869-8282.

Prepared By:  
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## COUNTY OF LOS ANGELES (COUNTY) VOLUNTEER WORKERS: INDEMNIFICATION & INSURANCE PROGRAM DESCRIPTION AND GUIDE

### A. Why am I receiving this Guide?

This Guide was developed to provide you, the volunteer, with a brief description of County insurance programs which may be available to you.

### B. How do I qualify for these insurance programs?

To qualify for coverage, you must be formally enrolled as a volunteer in a program or activity sponsored by the County and adhere to your volunteer work assignment guidelines. The County Department to which you are assigned will advise you of your work duties and will maintain an enrollment record to document your participation as a volunteer.

### C. Am I eligible for any benefits if I am injured while performing my volunteer duties?

The County will reimburse you as a qualified volunteer (see section B of this guide) for *medical expenses associated with the immediate treatment* in case you are injured while performing your assigned volunteer duties, and if you are not covered by your own medical insurance including personal, group, blanket, employee, trustee, or union insurance plans.

#### 1. What Benefits Will I Receive?

Volunteers receive medical expense reimbursement and accidental death and dismemberment coverage through a commercial insurance policy purchased by the County. This policy, which is presently written by Ace American Insurance Company (Ace), provides benefits of:

- (a) Up to \$10,000 for accidental medical expenses. An emergency evacuation benefit may be available if the volunteer is severely injured while traveling 100 miles or more away from his home to perform assigned volunteer duties for the County.
- (b) Up to \$500 for accidental dental expenses.
- (c) Up to \$5,000 for accidental death and dismemberment.

Ace will make the final determination to approve or deny your claim in accordance with the terms of the insurance policy.

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**2. Where Do I Go to Obtain Medical Treatment if I am injured?**

You may obtain medical treatment from your private physician or other facility of your choice. However, you, the volunteer, are responsible for the initial payment of all medical bills – you must file a claim under the Volunteer Insurance Policy to receive reimbursement from the insurance company for any costs not paid under your own medical insurance.

Volunteers assigned to certain County facilities (such as hospitals) may be able to receive initial treatment at no cost from the County facility in which they work. Your supervisor or volunteer coordinator will advise you of your department's policy regarding provision of initial treatment to volunteers. However, if further medical treatment is deemed necessary, you will be referred to your own private physician and you must file a claim under the Volunteer Insurance Policy to receive reimbursement for your physician's charges.

**3. How Do I Report an Injury, File a Claim and Obtain Reimbursement?**

If you are injured, you must notify your supervisor as soon as possible and assist with the completion of a claim form. In general, instructions for completion of the form require that:

- The volunteer's department supervisor (representative) signs the claim form.
- The volunteer provides certain information including complete name, address, SSN, date of birth, contact information and a description of the injury. The volunteer is also responsible for ensuring that their treating physician or the treating facility completes the physician's or facility's section of the claim form.
- The volunteer attaches copies of medical bills to the claim form. If medical billings are not readily available, they should be sent to Health Special Risk Inc. (HSR) as soon as possible.
- The signed claim form and medical bills should be faxed (preferred option) OR mailed without delay to HSR:

Fax line: 972-512-5820

-OR-

Mailing Address: Health Special Risk, Inc. (HSR)  
4100 Medical Parkway  
Carrollton, Texas 75007

-OR-

Email: ACEClaims@hsri.com

- You also may initiate a claim by calling HSR Customer Intake Representative who will take your initial information over the phone at 866-345-0959.
- The claim is assigned to a designated Accident Claims Specialist who may contact you if additional information is needed. If necessary, the Claim Specialist will generate an acknowledgement package to send to you or your beneficiary. You or

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your beneficiary will complete your portion of the claim form and send it back.

**4. How Can I Check the Status of My Claim with CIGNA?**

Questions concerning the claim form or the status of your claim may be directed to HSR at 1-866-345-0959. Call between 5 am and 5 pm Pacific Time and select option 4. If you call outside this time frame, leave a voicemail message and a CIGNA representative will respond the next business day.

**PLEASE NOTE:** This brief description of benefits is provided for general informational purposes only, and is not intended to provide all coverage details; the terms, exclusions and conditions concerning the medical benefits are governed by the insurance policy. Should there be any conflict or inconsistency between the information provided in this guide and the insurance policy, the insurance policy provisions shall prevail. The County reserves the right to amend or terminate the Volunteer Insurance Policy at any time without notice.

**D. Will I be protected against liability if I should accidentally cause harm to someone while performing my assigned volunteer duties?**

You are defended and indemnified by the County for professional, auto and general liability (also known as "third party liability), which may arise from your activities as a volunteer within the course of your volunteer assignment, unless your actions are fraudulent, malicious, or criminal. Volunteers are not indemnified for punitive damages. Therefore, it is very important that you have a clear understanding of your work assignment and authority.

**Reporting requirements:** You must report any incident you witnessed or you were involved in while performing your assigned volunteer duties within 24 hours to your supervisor, even if the incident did not result in any immediate injury or damage to anyone. Fatalities or serious injuries must be reported immediately. The completed incident report will be forwarded by your supervisor to the County's claim administrators.

**1. Will I Be Protected If I Provide Professional Services As a Volunteer?**

In the event of any occurrence involving possible injury or death to a County patient or client, you will be required to assist your supervisor in the completion of your department's incident report form. This form may be obtained from your supervisor (see the reporting requirements noted above).

**2. Will I Be Protected If I am Involved in Motor Vehicle Accident While Driving in the Course of My Volunteer Assignment?**

Volunteers who are designated and authorized by the County to operate vehicles in the course and scope of their assignments are defended and indemnified for bodily injury or property damage, suffered by other parties, which may be caused by the

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volunteer. Such volunteers must possess a valid California driver's license and comply with all California State laws, including laws relating to financial responsibility (automobile liability insurance), seat belts and use of cellular telephones.

In addition to the reporting requirements noted above, you will be required to assist your supervisor in completing the attached "County of Los Angeles Report of Vehicle Collision or Incident" if the accident caused injury or damage to others. Please note that damage to Volunteer-owned vehicles or loss of personal items is not covered by the County. No coverage is provided for injury due to a "personal deviation" while traveling (for example, if you are injured when driving during your lunch break). County encourages you to avoid driving as much as possible while performing your volunteer assignment.

**3. If There Is an Incident not Involving Professional or Auto Liability:**

In addition to the reporting requirements noted above, you will be required to assist your supervisor in completing the attached "County of Los Angeles Non-Employee Injury Report" if you witness other types of accidents (such as slips and falls) or if you are injured while performing your duties.

**Please note: Should there be any conflict or inconsistency between the information provided in this handout concerning County defense and indemnification of volunteers and County Code provisions or applicable state law, the County Code and state law shall prevail.**

Any questions you may have regarding your volunteer service or this guide may be directed to your supervisor or your department Volunteer Coordinator. The Volunteer Coordinator's name and telephone number may be obtained from your supervisor.

Prepared By:  
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