

**County of Riverside**  
**Human Resources Department/Risk Management Division**  
**Instruction Sheet for Departments/Divisions with Volunteer**

Advise all volunteers and site supervisors to report claims **immediately** to the volunteer director. CLAIMS MUST BE SUBMITTED WITHIN 90 DAYS and the injured volunteer must seek medical attention within 60 days.

After the injury/claim has been verified, complete the “Proof of Loss Accident Claim Form”. This form must be executed **completely** or the claim cannot be processed. **Important Note:** This form **must** be signed by the volunteer supervisor or a department authorized representative as well as the volunteer. **Please Mark “VIS”** in the “check one” box. In Part 1 of the first page, the following information should be placed in the corresponding sections:

- Name of Sponsor: **County of Riverside**
- Client Code: **CARIVE9**
- Address: **Risk Management Division, P.O. Box 1210, Riverside, CA 92501**
- Phone: **(951) 955-3540**
- Fax: **(951) 955-5855**
- Email: [riskmanagement@rivco.org](mailto:riskmanagement@rivco.org)

Be sure to complete the section asking “to whom payments are to be made.” If the volunteer prefers the providers be listed – simply note “provider.” If this section is left blank, benefits will be sent directly to the volunteer.

Make a copy and set up a file. Copy not only both pages of the claim form, but also any bills or Explanation of Benefit forms you may have.

Attach a detailed, itemized bill showing procedure codes from the medical provider, which explains the accident and treatment. Summary month-end statements are **not** acceptable.

Fax, mail, or email all of this information: Claim form, physician’s statements and/or detailed itemized bills and Explanation of Benefit notices to:

**County of Riverside**  
**Human Resources Dept/Risk Management Division**  
**P.O. Box 1210**  
**Riverside, CA 92501**  
**Phone: 951-955-3540 \* Fax: 951-955-5855**

**Please** – Retain copies of all documents submitted!

**Note:** This is *excess insurance*. Make sure your volunteer has filed the appropriate claim forms with his or her own primary insurance provider, including Medicare.

Once the bill has been processed by the primary insurance provider, they will provide an Explanation of Benefits (EOB) statement to the volunteer. Please provide a copy of the EOB statement to our office. Without this information, the claim cannot be processed.

Our aim is to provide the best possible service to you and your volunteer. By following these simple instructions, all benefits available will be expedited.

Should you have any questions, please do not hesitate to call Risk Management.