

# Accident or Injury

Employee ←

→ Program Participant

## Occured during off-hours

Is employee seasonal or full-time?

Seasonal staff

Full-time staff

- 1 American Income Life Insurance
- 1 No action needed
- 2 Seek medical provider of choice
- 3 Present personal insurance for billing
- 4 Complete incident/accident report with supervisor
- 5 Send completed report to Director of Administrative Services and Director of Risk Management
- 6 CULI admin team will work with injured employee and AIL to complete paperwork for reimbursement of out of pocket expenses

## Occured during work

Is it a life-threatening emergency?

Yes

No

- 1 Call 911 first
- 2 (866) 282-2674 Call CorVel to report and get approval for emergency medical treatment
- 3 Receive treatment at CorVel assigned medical facility
- 4 Complete incident/accident report with supervisor
- 1 FIRST call CorVel (866) 282-2674 to report and get approval before seeking medical treatment
- 2 Receive treatment at CorVel assigned medical facility
- 3 Complete incident/accident report with supervisor

Send completed report and supporting documentation to Director of Administrative Services and Director of Risk Management

## Individually registered (C-CATS or Summer Camp)

- 1 Berkley Accident & Health Insurance
- 2 Seek appropriate medical attention based on severity of injury or illness
- 3 Provide copy of Berkley insurance card to medical facility for billing

## Group registered (Field Studies, Rental group, Summer partner)

- 1 American Income Life Insurance
- 2 Seek appropriate medical attention based on severity of injury or illness
- 3 Provide personal insurance to medical facility for billing

4 Complete incident/accident report with supervisor

5 Send completed report and supporting documentation to Director of Administrative Services and Director of Risk Management

- 6 CULI admin team will work with injured party and AIL to complete paperwork for reimbursement of out of pocket expenses

### Berkley Accident & Health Insurance Company

First Agency PH: (269) 381-6630  
5071 West H Avenue Fax: (269) 381-3055  
Kalamazoo, MI 49009-8501

Accident Medical Insurance  
**CLEMSON UNIVERSITY**

Policy #: COL L21902129705 Policy Date: 11/1/2023 to 11/1/2024

Participant Name: \_\_\_\_\_