

# CHURCH ACTIVITY MEDICAL ASSISTANCE VERIFICATION FORM

Administered by DMBA for THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS  
Mailing Address: P.O. Box 45530, Salt Lake City, Utah 84145 • Telephone: 801-578-5600 • Toll free 800-777-3622  
Fax: 801-578-5907 • Email: churchactivity@dmba.com • Website: www.dmba.com/churchactivity

## WARD, BRANCH, OR STAKE UNIT NAME AND NO.:

TYPE UNIT NAME AND NUMBER HERE

## WARD, BRANCH, OR STAKE LEADER NAME AND ADDRESS:

BISHOP OR PRESIDENT NAME  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY, STATE ZIP CODE  
COUNTRY

### 1. HOW THE PROGRAM WORKS

If an individual (the “injured person”) incurs medical expenses in connection with an accident, death, or qualified sickness that occurs while involved in a Church activity, the bishop\* can request the use of funds from The Church of Jesus Christ of Latter-day Saints to help pay for certain medical or funeral expenses through the Church Activity Medical Assistance (CAMA) program, as administered by DMBA.

Before the bishop uses Church funds to provide assistance, he considers the person’s ability to pay expenses by any other means, such as personal insurance coverage or other sources.

It’s up to the bishop to request access to CAMA, but he doesn’t authorize or approve payments through CAMA. As the program administrator, DMBA determines and authorizes specific payments as outlined in the *Church Activity Medical Assistance Handbook*.

For purposes of CAMA, Church activities include, but are not limited to:

- Youth camps
- Officially-organized sports programs
- Road shows/pageants
- Ward or stake activities
- Youth conferences/treks
- Seminary and institute activities

### 2. PROGRAM KEY POINTS

- CAMA payments are made from the general funds of the Church. Because of the limited and charitable nature of the funds, there are limitations and allowable amounts applied to CAMA program payments.

- Expenses not submitted within 12 months after the date services are received won’t be eligible for CAMA.
- Assistance is available for up to three years. This period begins on the date of the accident or qualified sickness and ends three years later or when the \$15,000 maximum amount has been exhausted, whichever comes first.
- CAMA is not intended to pay all expenses associated with an accident, death, or qualified sickness. Injured persons are responsible to use all of the benefits available to them from personal, employer, or government-sponsored insurance coverage before seeking help from the Church.
- If an injured person’s insurance coverage requires him or her to seek care from a specific source to be eligible for benefits, the injured person must use that source to be eligible for CAMA. If an injured person loses insurance coverage because he or she didn’t follow the rules of that coverage, CAMA won’t help pay for services.
- No one is guaranteed or legally entitled to CAMA. CAMA is not health insurance, no-fault insurance, liability insurance, or a workers’ compensation fund. It does not provide liability protection or insurance for the Church, Church-owned property, or Church members. CAMA is a limited, discretionary, and gratuitous assistance program that helps individuals who are injured while participating in a Church activity.
- Assistance is provided based on the guidelines, limitations, and definitions described in the *Church Activity Medical Assistance Handbook*, found online at [www.dmba.com/churchactivity](http://www.dmba.com/churchactivity).

### 3. TO REQUEST ASSISTANCE

To request assistance, the injured person or legal guardian and the bishop\* must report the incident using the Global Incident Reporting (GIR) system online at [incidents.lds.org](http://incidents.lds.org). Requests not submitted within 12 months from the date of the accident, onset of the qualified sickness, or service will not be accepted. For more information, please see the *Church Activity Medical Assistance Handbook* at [www.dmba.com/churchactivity](http://www.dmba.com/churchactivity).

\* Includes branch, district, and stake presidents

## INSTRUCTIONS FOR VERIFICATION FORM

1. To complete the front of this form, please type your unit information based on the example below:

**WARD, BRANCH, OR STAKE UNIT NAME AND NO.:**

Happy High Hills Ward (22222)

**WARD, BRANCH, OR STAKE LEADER NAME AND ADDRESS:**

Bishop Harold Hill  
1234 Sunnyside Place  
Anywhere, UT 84000 USA

2. The unit should use this form until there are changes to the local Church unit or its leadership. Please keep this form until there is a change to the ecclesiastical leader or Church unit.
3. When the unit ecclesiastical leader changes, you may complete a new form.