



SELECTIVE SERVICE SYSTEM

CLAIM FOR REIMBURSEMENT FOR EMERGENCY MEDICAL CARE (RIMS/RIPS)

Alternative Service Worker's Selective Service Registration No., Full Name, Complete Address

Alternative Service Office Number and Address

INSTRUCTIONS: This form should be completed by the Alternative Service Worker (ASW ; by his duly authorized representative if he is unable to complete the form, or, if the ASW is deceased, by his next of kin or the executor of his estate. Attach supplemental sheets as necessary to answer the questions in sufficient detail for the Selective Service System to evaluate the claim. Sign and date the form and return it with any supporting documents to the Alternative Service Office identified above.

Payment for emergency medical care, including hospitalization, will not exceed the usual and customary fees for service established by the Social Security Administration. Payment for burial expenses will not exceed the maximum that the Administrator of Veterans Affairs may pay according to Title 38, U.S.C. 902(a).

Payment shall be made directly to the ASW or his estate unless written authorization of the ASW or his personal representative has been received to pay another person.

SECTION I - NATURE OF CLAIM

What is the nature and amount of your claim to Selective Service?

SECTION II - DESCRIPTION OF EMERGENCY

What is the nature and cause of the medical emergency?

When did it occur?

Were there any witnesses? If so, provide their names and addresses.

What is the name, address, and telephone number of the attending physician?

(continued on reverse)

SECTION III - ACTIONS TAKEN

Describe the actions taken to have the employer or the employer's insurance carrier cover the cost of the emergency. Include the name and address of the insurance carrier.

What were the results?

Describe the actions taken to have the ASW's insurance carrier to cover the cost of the emergency. Include the name and address of the insurance carrier.

What were the results?

SECTION IV - SUPPORTING DOCUMENTATION

Attach copies of all insurance claims filed in connection with this emergency, a record of any payments received from the insurance carrier, and any written reports of the circumstances surrounding the emergency. List below all supporting documents you are submitting with this form so we can verify receipt of the information.

SECTION V - CERTIFICATION

NOTE: Falsification of an item results in forfeiture of claim and may result in severe civil penalties and a fine of not more than \$250,000 or imprisonment for not more than 5 years or both.

I certify that all information I have provided on this form and upon other documents that I am submitting to support this claim are true, accurate, and complete to the best of my knowledge and belief and that payment in the amount claimed has not been made by any other individual or organization.

(Signature of Claimant)

(Date)

PRIVACY ACT STATEMENT

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested by this form. You are not required to provide this information; however, your failure to provide it may result in denial of your claim for reimbursement.

The principal use of the requested information is to assist the Selective Service System in evaluating your claim for reimbursement.

**PROCEDURAL DIRECTIVE
CLAIM FOR REIMBURSEMENT FOR EMERGENCY MEDICAL CARE
SSS FORM 166
(RIMS/RIPS)**

1. PURPOSE

To provide a means for an Alternative Service Worker or his estate to initiate a claim for reimbursement of expenses for emergency medical care incurred during the course of an alternative service assignment.

2. PREPARATION

Prepared in original only by the Alternative Service Worker, his estate, or his designated representative.

3. DISTRIBUTION

The completed form is submitted by the claimant to the Alternative Service Office, which takes the appropriate action in accordance with Section 15.24 of RIMS. The form is forwarded to NHQ for action.

4. DISPOSAL

The original is retained in accordance with General Records Schedule 6 (FPMR 101-11.4).