



PROVIDENT

Insuring America's Heros Since 1928

**INSTRUCTIONS FOR
COMPLETING FORM ON BACK**

FIRST NOTICE OF CLAIM

PROVIDENT AGENCY, INC.
272 ALPHA DRIVE - P.O. BOX 11588
PITTSBURGH, PA 15238
TOLL-FREE: 800-447-0360
PHONE: 412-963-1200
CLAIMS DEPT FAX: 412-963-0148
www.providentbenefits.com

SECTION -A-

Name		Date of Birth / /		Social Security Number	
Address		City	State	Zip Code	Home Phone Number ()
What is your regular occupation?			Employed By (Name of Company)=Fire Department Name		
Employer's Address=Fire Dept. Address City			State	Zip Code	Employer's Phone Number ()
Please enclose pay stubs or prior year NOT Schedule Cs (self employed). APPLICABLE		Wages/Earnings Hourly: N/A Weekly: N/A		Date Last Worked / /	
Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM		Date of Accident / /		Place of Accident	
What is your injury or illness? DEATH		How did it happen? (To be completed by Fire Chief or designated officer) Use vacant space below as needed.			
Name and Address of Treating Physician			Name and Address of Hospital		

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND COMPLETE ACCORDING TO THE BEST OF MY KNOWLEDGE AND BELIEF. I hereby authorize any physician, hospital, insurer, governmental agency, other organization or person having any records, data or other information concerning me to furnish such records, data or information as may be requested by Provident Life and Accident Insurance Company or its duly authorized representative. I understand that in executing this authorization I waive the right for such information to be privileged. A copy of this authorization shall be considered as effective and valid as the original.

(Fire Dept. Chief)

Date _____ ~~Claimant~~ Signature _____

SECTION -B-

THE AUTHORIZATION ON THE REVERSE SIDE OF THIS FORM MUST BE SIGNED AND RETURNED TO PROVIDENT AGENCY.
THIS SECTION TO BE COMPLETED BY AUTHORIZED MEMBER OF FIRE DEPARTMENT, RESCUE OR AMBULANCE SQUAD

<input type="checkbox"/> Yes <input type="checkbox"/> No - Claimant was a member of your organization at the time of injury or illness		Policy Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No - Claimant was engaged in an authorized activity at the time of injury or illness			
Name of Fire/Rescue/Ambulance Company/District or Relief Association			Your Municipality
Print Name and Title		Signed	
		Date / /	
Address		City	State
		Zip Code	Telephone Number ()

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

A-31369 (04/08)

Underwritten by Provident Life and Accident Insurance Company
1 Fountain Square, Chattanooga, TN 37402

(Following instructions on back, accompany this form with the Beneficiary Form)

--Death Certificate and Autopsy Report should follow as soon as possible--

INSTRUCTIONS FOR FILING A LODD CLAIM:

3/4/09

TO FILE AN LODD INSURANCE CLAIM, THE FOLLOWING GUIDELINES SHOULD BE FOLLOWED:

1. DEPARTMENT WHOSE MEMBER WAS LODD SHOULD CONTACT THE NSVFA OFFICE AT 800-642-6024.
2. THE DEPARTMENT CHIEF OR DESIGNATED OFFICER SHOULD COMPLETE SECTION –A- OF THE “FIRST NOTICE OF CLAIM” FORM. SECTION –B- WILL BE COMPLETED BY THE NSVFA OFFICE.
3. THE DEPARTMENT CHIEF OR DESIGNATED OFFICER SHOULD IMMEDIATELY FAX THE FOLLOWING TWO DOCUMENTS TO THE NSVFA OFFICE AT (402) 362-2266 TO INITIATE FILING THE CLAIM. FOR FINAL REPORTING, THESE FORMS WITH ANY ACCOMPANYING DOCUMENTS MUST ALSO BE POSTAL MAILED AS QUICKLY AS POSSIBLE TO THE NSVFA OFFICE AT PO BOX 101, YORK, NE 68467-0101.
 - a. COMPLETED FIRST NOTICE OF CLAIM
 - b. COPY OF ACCIDENT & HEALTH BENEFICIARY DESIGNATION FORM WHICH THE DEPARTMENT WAS TO HAVE COMPLETED PREVIOUSLY AND HOLD ON FILE AT THE DEPARTMENT.
4. AFTER PROCESSING THE DOCUMENTS IN ITEM # 3, ALSO FAX/MAIL TO THE NSVFA OFFICE THE FOLLOWING, REQUIRED DOCUMENTS AS SOON AS THEY ARE AVAILABLE.
 - a. COPY OF DEATH CERTIFICATE
 - b. COPY OF AUTOPSY REPORT
5. THE NSVFA OFFICE WILL FILE ALL PAPER WORK WITH BALL INSURANCE OF LINCOLN, NE WHO WILL FORWARD TO PROVIDENT CLAIMS.