



GUIDE TO FILING A CLAIM

WHEN CRISIS STRIKES, REST ASSURED THAT PROVIDENT'S CLAIM DEPARTMENT IS PREPARED TO RESPOND WITH PROMPT, PROFESSIONAL AND EFFICIENT SERVICE TO MEET EACH OF OUR CLIENT'S NEEDS.

DEPARTMENT RELATED INJURY OR ILLNESS CLAIMS

1. Complete the First Notice of Claim (FNOC) form that is available online at www.providentins.com/claims.
 - The FNOC needs to be signed by the injured or ill person and an authorized member of the department.
 - Enclose wage verification: Acceptable forms include a pay stub that has a gross year to date earned amount and period end date prior to the date of disability, a Schedule C if you are self-employed, or a prior year's tax return with all applicable W-2's.
 - Enclose any related medical documentation that may be available and relevant to the claim.
 - Mail the above correspondence to:
Provident Agency, Inc.
272 Alpha Drive, PO Box 11588
Pittsburgh, PA 15238
(you can also fax to 412-963-0148, or email claims@providentins.com)
2. File a claim with your organization's Workers' Compensation carrier; if applicable.



(See Page 2 for Line of Duty Death Claims)

LINE OF DUTY DEATH CLAIMS

1. Notify local agent of Line of Duty Death.
2. Contact Provident
 - Email claims@providentins.com, or call 800-447-0360.
3. Contact Workers' Compensation carrier; if applicable.
4. Complete the FNOC form (available online at www.providentins.com/claims).
 - The FNOC needs to be signed by an authorized member of the department.
 - Enclose the following:
 - Provident or department specific Beneficiary Form, or notarized letter from secretary on department letterhead certifying there is no form.
 - Death Certificate
 - Fire & EMS reports for the incident or names of the responding agencies.
 - Autopsy, Toxicology, and Coroner reports
 - Police report or name of responding agency/agencies.
 - Name of hospital and providers who treated deceased related to this incident.
 - Court documents naming the Administrator or Executor of the Estate; if applicable.



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