

## USPC ADULT VOLUNTEER VERIFICATION FORM For Accident/Medical Claims

As a Club, Center or Regional leader, I certify that \_\_\_\_\_  
Name

was acting on behalf of the United States Pony Clubs, Inc. as a volunteer in the following capacity, and qualifies for Class III coverage under USPC's Accident/ Medical plan.

Volunteer Job: \_\_\_\_\_

for the \_\_\_\_\_ Pony Club/Riding Center Program in the \_\_\_\_\_ Region

on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of District Commissioner, Center Administrator or Regional Supervisor

\_\_\_\_\_  
Date

**Submit this form along with the AIG Accident Claim Form to:**

AIG/A&H Claims, PO BOX 25987, Shawnee Mission KS 66225

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