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

s a Club, Center or Regional leader, I certify that		
vas acting on behalf of the United Sta II coverage under USPC's Accident/	ttes Pony Clubs, Inc. as a volunteer in the following cap Medical plan.	pacity, and qualifies for Class
Volunteer Job:		
or the	Pony Club/Riding Center Program in the	Region
n	0	
Signature of District Commissione	or, 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 662	225
HSBC ADII	LT VOLUNTEER VERIFICATION I	EOPM
	or Accident/Medical Claims	
•	of Accidentimedical Glaims	
as a Club, Center or Regional leader,	I certify that	
	Name	
vas acting on behalf of the United Sta II coverage under USPC's Accident/	ntes Pony Clubs, Inc. as a volunteer in the following cap Medical plan.	pacity, and qualifies for Class
/olunteer Job:		
for the	Dany Club/Diding Contar Program in the	
	Fony Club/Riding Center Flogram in the	Region
n		Region
n		Regior

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

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