



Accident Insurance for  
Volunteers Program  
Underwritten by Hartford Life

Completing the Claim Form

Please read the instructions on page 1 of the claim form carefully.

**1. Part I - POLICYHOLDER CERTIFICATION**

Must be completed by the MMA member town or organization.

- a. The Policy Holder Name is "Members of Maine Municipal Association Group Volunteer Accident Program"
- b. The administrator at the MMA member town or organization is the Policy Holder Official and should sign the form as marked in Part I and Part III

**2. Part II - CLAIMANT CERTIFICATION**

Must be completed by the volunteer.

**3. Part III - FRAUD WARNING CERTIFICATION**

Must be signed by both:

- a. The administrator at the MMA member town or organization as the Policy Holder Official , **AND**
- b. The Parent/Guardian or Adult Claimant

Filing a Claim

This policy is Full Excess only. Eligible covered expenses will be determined after benefits have been paid by other valid and collectible insurance.

1. You must submit your claim to your other insurance company first.

When you receive their Benefits Statement (Explanation of Benefit or EOB), send it to the Hartford c/o Fringe Benefit Coordinators, Inc., along with the claim form and a copy of the itemized bills.

2. Claims may be mailed or faxed to the following:

**NAHGA Claim Services**

P. O. Box 189

Bridgton, ME 04009

Toll-Free Number: (888) 998-2240

Fax Number: (207) 647-4569