



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 Disability Claims

1. Complete the Accident & Health First Notice of Claim (FNOC) form that is available at providentins.com/claims, OR scan the QR code here for the Accident & Health FNOC secured online form:



- The FNOC will be completed by the claimant and then sent to the identified Authorized member of the department for approval.
- Upload all related documentation that may be available and relevant to the claim such as:
 - Accident/Incident/Fire or EMS Run Report.
 - Out of work or return to work statement that includes any and all restrictions and/or limitations from the attending physician.
 - 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.
 - Letter from all employers that No Light Duty is available; if applicable.
 - Results from all diagnostic tests (ranges of motion, Independent Medical Exams (IME), Functional Capacity Exams (FCE).
 - Copies of offset payments made by your employers and/or Workers' Compensation.

2. If choosing to complete the FNOC via the Fillable & Printable PDF found in the link above, please submit it using one of the following methods:

- Our Secure Upload Form found on providentins.com
- Email to claims@providentins.com
- Fax to (412) 963-0148
- Mail to:
Provident Agency, Inc.
PO Box 11588
Pittsburgh, PA 15238

3. We encourage you to file a claim with your organization's Workers' Compensation carrier; if applicable.

Line of Duty Death Claims



1. Complete the Accident & Health First Notice of Claim (FNOCC) form that is available at providentins.com/claims, **OR** scan the QR code here for the Accident & Health FNOCC secured online form:
 - The FNOCC will be completed by the authorized member of the department.
 - Include the following:
 - Provident or department specific Beneficiary Form, or notarized letter from Authorized member on department letterhead certifying there is no form.
 - Final Death Certificate with cause and manner of death indicated.
 - Fire & EMS reports for the incident or names of the responding agencies.
 - Autopsy, Toxicology, and Coroner reports.
 - Police or Fire Marshall report or name of responding agency/agencies.
 - Copies of all medical records related to the LODD or name, address and phone numbers of all hospitals and providers who treated deceased related to this incident.
 - Court documents naming the Administrator(s) or Executor(s) of the Estate along with the IRS/Department of Treasury document containing the estate ID number; if applicable.
2. If choosing to complete the FNOCC via the Fillable & Printable PDF found in the link above, please submit it using one of the following methods:
 - Our Secure Upload Form found on providentins.com
 - Email to claims@providentins.com
 - Fax to (412) 963-0148
 - Mail to:
Provident Agency, Inc.
PO Box 11588
Pittsburgh, PA 15238
3. Contact Workers' Compensation carrier; if applicable.

24-Hour Accidental Death & Dismemberment

- 1. Complete the 24-Hour Accidental Death & Dismemberment First Notice of Claim (FNOC) form that is available online at providentins.com/claims.**
 - If filing a dismemberment claim, the FNOC will be completed by the member and authorized member of the department. If filing an accidental death claim, the FNOC will be completed by the authorized member and beneficiary.
 - Enclose the following:
 - Provident or department specific Beneficiary Form, or notarized letter from Authorized member on department letterhead certifying there is no form.
 - Final Death Certificate with cause and manner of death indicated.
 - 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.
 - Copies of all medical records related to the accidental death or dismemberment or names, addresses and phone numbers of all hospitals and providers who treated the member related to this incident.
 - Court documents naming the Administrator(s) or Executor(s) of the Estate along with the IRS/Department of Treasury document containing the estate ID number; if applicable.

- 2. Submit the completed PDF and additional information using one of the following methods:**
 - Our Secure Upload Form found on providentins.com
 - Email to claims@providentins.com
 - Fax to (412) 963-0148
 - Mail to:
Provident Agency, Inc.
PO Box 11588
Pittsburgh, PA 15238

DON'T SUFFER IN SILENCE



FIRST RESPONDER ASSISTANCE PROGRAM (FRAP)

PTSD AND MENTAL HEALTH SERVICES AVAILABLE
FOR VOLUNTEER FIRST RESPONDERS & THEIR FAMILIES

FRAP OFFERS **24/7 CONFIDENTIAL HELP** FOR ISSUES REGARDING:

- STRESS MANAGEMENT
- DEPRESSION
- FAMILY CONFLICT
- ANXIETY
- GRIEF & LOSS
- RELATIONSHIPS
- FINANCIAL OR LEGAL
- SUBSTANCE MISUSE
- PROBLEM GAMBLING
- CHILD AND ELDER CARE

DON'T WAIT...TAKE ACTION!

- 1) ACCESS THE FIRST RESPONDER ASSISTANCE PROGRAM AT **(855) 207-1747**.
- 2) FRAP PROVIDES CONFIDENTIAL IN-THE-MOMENT SUPPORT WITH **EXPERIENCED BEHAVIORAL HEALTH CLINICIANS**.
- 3) WHEN APPROPRIATE, FRAP CAN PROVIDE REFERRALS TO LOCAL MENTAL HEALTH RESOURCES.

TO LEARN MORE, VISIT WWW.PROVIDENTINS.COM/FRAP

THE FIRST RESPONDER ASSISTANCE PROGRAM IS NOT INSURANCE AND IS NOT PROVIDED BY AXIS INSURANCE COMPANY. IT IS A SERVICE PROVIDED THROUGH Provident Agency, Inc., dba in California as Provident of Pennsylvania Insurance Agency, Inc. BY BHS™ IN PARTNERSHIP WITH RESPONDERS 1st CALL™. The Accident & Health insurance coverage is underwritten by AXIS Insurance Company. CA License No. 0F74424 | NPN 2007953