



## Policy and Claim Reporting Information Directory

Coverage		Immediately report claims directly to	
Carrier:		Carrier/TPA Name:	
Policy Number:		Phone:	
Effective Date:		E-mail:	
		Web:	

Coverage		Immediately report claims directly to	
Carrier:		Carrier/TPA Name:	
Policy Number:		Phone:	
Effective Date:		E-mail:	
		Web:	

Coverage		Immediately report claims directly to	
Carrier:		Carrier/TPA Name:	
Policy Number:		Phone:	
Effective Date:		E-mail:	
		Web:	

Coverage		Immediately report claims directly to	
Carrier:		Carrier/TPA Name:	
Policy Number:		Phone:	
Effective Date:		E-mail:	
		Web:	

Coverage		Immediately report claims directly to	
Carrier:		Carrier/TPA Name:	
Policy Number:		Phone:	
Effective Date:		E-mail:	
		Web:	

Coverage		Immediately report claims directly to	
Carrier:		Carrier/TPA Name:	
Policy Number:		Phone:	
Effective Date:		E-mail:	
		Web:	

Coverage		Immediately report claims directly to	
Carrier:		Carrier/TPA Name:	
Policy Number:		Phone:	
Effective Date:		E-mail:	
		Web:	