

## **Provider Instructions**

Policyholder name:	ABC Corporation
Policy Number:	WCV 6xxxxxx
Carrier:	Accident Fund
Claim Number:	open text field

Note: Some of our contact information has been updated. Please see below for proper submission channels. Thank you.

When submitting paperwork, if you have a claim number, please include it (or, attach this form if it has been included above) and:

Email:	documentimaging2@accidentfund.com
Fax:	517-316-2747
Mail:	PO Box 40790, Lansing, MI 48901-7990

Should you need to contact us, please call 866.206.5851.





UnitedHeartland CompWest Water Underwriters



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Accident Fund Insurance Company, Third Coast Insurance Company, Accident Fund National Insurance Company, Accident Fund Seneral Insurance Company, United Wisconsin Insurance Company, Third Coast Insurance Company or CompWest Insurance Company.