

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

As a Club or Regional leader, I certify that _____
Name

was acting on behalf of the United States Pony Clubs, Inc. as a volunteer in the following capacity, and qualifies for Class III coverage under USPC's Accident/ Medical plan.

Volunteer Job: _____

for the _____ Pony Club in the _____ Region
on _____, 20____.

Signature of District Commissioner or Regional Supervisor

Date

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

SPI, PO Box 2946, Shawnee Mission, KS 66201-1346

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