Professional Liability Insurance
Notice of Claim

1. Participant's Name: _____

2. Certificate Number _____ or Social Security # _____

3. Daytime Telephone Number: (_____) _____

4. Type of claim: _____ Notice of Lawsuit

_____ Internal Agency Disciplinary Proceedings

5. Describe the circumstances of the claim:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Fax claim to: Mass Benefits (703) 642-2240

or Mail to: Mass Benefits Consultants, Inc.
P.O. Box 828
Annandale, VA 22003-0828