



ASSOCIATED UNDERWRITERS, INC.

United Truckers Association

OCCUPATIONAL ACCIDENT AND TRUCK INSURANCE PROGRAMS

9090 FM 1026, Gouldbusk, TX 76845

TOLL FREE: 866-247-0167 ♦ FAX: 325-357-4688

tammy@autruckers.com



Instructions for Submitting Occupational Accident Claims

Owner Operator/ Contract Driver Instructions:

Notify: your participating *Motor Carrier* Immediately! or as soon as possible after your Occupational Accident Injury has occurred.

Report Claim: at 1-866-247-0167 as soon as possible after your Occupational Accident or Work Related Injury has occurred. However, the claims forms must be received back in our office within 120 days.

To file your Occupational Accident Claim you will need to:

- 1) Have your policy number, full name, and social security number
- 2) State that you are a member and that it is regarding your Occupational Accident claim

*****Note:** *You may seek treatment for your Occupational Accident related injuries from your chosen licensed physician. Associated Underwriters, Inc. does not assign, refer or coordinate medical care for our members of the Occupational Accident portion of the Membership Benefits.*

Claims Process: Once your claim is filed (called in):

- A) UTA will fax or email the claim forms to the provided email address or fax number. If you wish to have the claims forms mailed to you, please provide your request and mailing address at the time you report the claim. This may help to expedite your claims process.
- B) ***Depending on the accident or injury;*** you will need to provide your UTA Claims Department with certain documents that must be included with your completed claim forms. If they are not, this could cause your claim to be delayed or closed due to lack of information.

*****CLAIM FORMS AND ALL REQUIRED INFORMATION MUST BE COMPLETED AND RETURNED or BENEFITS WILL NOT BE PAID.**



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TTD: (Total Temporary Disability)

As the policy states: Total Temporary Disability Benefits begin only after the 7-DAY waiting period!

- a) You must provide your claims adjuster with proof of your income in order to establish your Total Temporary Disability Benefit amount. You will need to provide:
~3-months' earnings income statement prior to the date of the accident
- b) Once you are determined to be Temporary Totally Disabled by the treating physician and have provided supporting documentation to your adjuster, your Temporary Total Disability will be processed
- c) The amount is then calculated and distributed in weekly payments until you are released back to work by your treating physician or until the 104-week benefit period has been reached. Please refer to the policy for Permanent Disability Requirements and Provisions.

Reimbursement:

If you have paid for any of your medical expenses related to the injury, such as medical bills or prescriptions, retain copies of your receipts, and fax copies to your claims department for reimbursement of those covered expenses.

Medical Provider Receipts Must include: **Prescription Receipts Must include:**

- | | |
|---------------------------------|------------------------------|
| a) Patient's Name | a) Patient's Name |
| b) Physician's or facility name | b) Physician & Pharmacy Name |
| c) Date of Service | c) Date of Service |
| d) Treatment Administered | d) Drug Dispensed |
| e) Amount Paid | e) Amount Paid |

Correspondence:

Any correspondence, that is sent (via fax or mail) to your claims adjuster, ***Must Include*** your ***adjuster's name***, and ***your name*** along with ***your assigned claim number***. Because of the electronic processing of your claim file, this will help insure proper handling of your documents and required information.

******Note: Keep photocopies of ALL documents you send to your claims adjuster, for your records.***

Claims Advisor: *If you have questions about claims, please contact:*

Tammy Machuta

Tel: 1-866-247-0167 or 1-877-506-5220

Fax: 1-325-357-4688

Email: tammy@aitruckers.com