

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

As a Club, Center 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/Riding Center Program in the _____ Region
on _____, 20____.

Signature of District Commissioner, Center Administrator or Regional Supervisor Date

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

Health Specials Risk, Inc. 8400 Belleview Drive, Suite 150
Plano, TX 75024

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