

THE  
**Travelers**  
**Protective**  
**Association** OF AMERICA  
2041 Exchange Drive • Saint Charles, MO 63303-5987  
Phone (636) 724-2227 • Fax (636) 724-2457  
support@tpahq.org • www.tpahq.org

In case of accident, complete this form and mail to the above address or email to support@tpahq.org.

Please send proper claim form for the following:

**TOTAL** or **PARTIAL DISABILITY** (Loss of Time) Check Here  
OR  
**MEDICAL EXPENSE ONLY** (No Loss of Time) Check Here  
**ACCIDENTAL HERNIA**, Check Here

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Date of Accident \_\_\_\_\_

Certificate Number \_\_\_\_\_ Division \_\_\_\_\_

**Notice of accident must be mailed as per the Claim Provisions set forth in the certificate of insurance.**