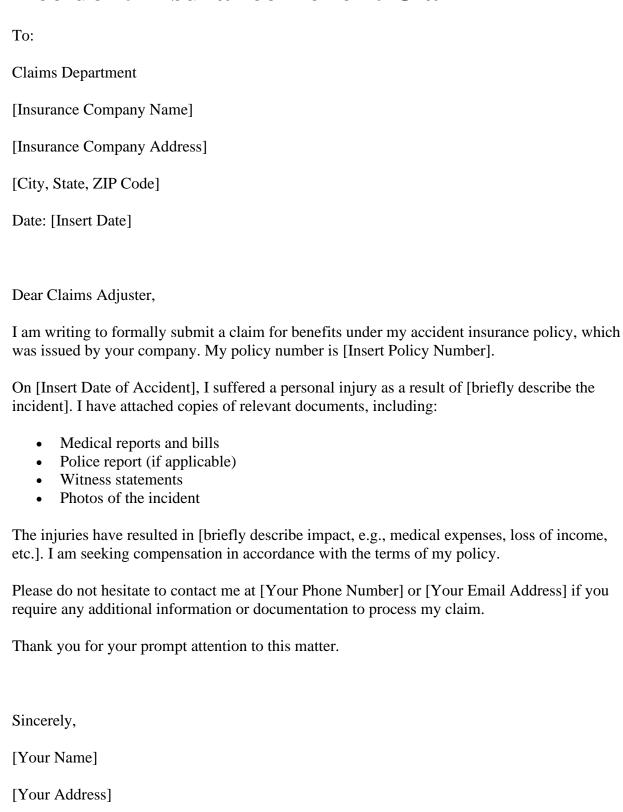
Accident Insurance Benefit Claim



[City, State, ZIP Code]