

FEPLI Claim Form

Please submit a claim when you first become aware of allegations of your misconduct arising out of the course and scope of your employment, which has or may become the subject of an adverse action against you, including: adverse personnel actions, lawsuit (Federal Tort Claims Act, or Constitutional *Bivens*), or investigation – criminal or administrative. Your claim may be submitted to Wright USA by email, fax or USPS:

Wright USA
706 Philadelphia Pike Suite 1
Wilmington, DE 19809
Fax – 302-483-0230

PLIclaims@wrightusa.com

If you require additional assistance, please feel free to call 1-800-424-9801.

Insured Information – Personal

Name	
Home Address	
City State and ZIP Code	
Home Phone No.	
Personal Cell Phone No.	
Member ID No.	
E-Mail Address – we recommend not using a government E-mail address for this claim.	

Insured Information - Professional

Employing Federal Agency and address - please indicate whether you are an active employee or retired (if retired include date of retirement)	<i>Title, Grade, Office (Division, Department, etc.)</i>
Work Phone No.	
Work Cell Phone No.	
Work Fax No. – we will not send a fax w/o prior notice to the member	
Preferred method of contact (telephonically)	Home phone _____ Personal cell phone _____ Work cell phone _____ Work phone _____

Federal Employee Program Administrator

www.WrightUSA.com

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