It's Our Business to Protect Yours

FEDERATED INSURANCE®

Health and Dental Insurance Inquiry Form

Effective December 31st, 2017, Federated no longer provides health or dental insurance coverage. All insurance was terminated on or before December 31st, 2017. Telephone based customer service is no longer available. All correspondence, questions and requests for review should be handled via U.S. Mail using this form.

To make inquiry please provide all information requested below. Incomplete forms may impact Federated's ability to respond to your inquiry. Inquiries may be submitted by U.S. Mail only.

Mail to: Federated Mutual Insurance Company
Health and Dental Claims (HC01)
PO Box 328
Owatonna, MN 55060

Today's Date: _____

Name of Member: _____

ID # of Member: _____

Claim Number (if applicable): _____

Your Name: _____

Your Mailing Address: _____

_____

Your Phone Number: _____

Inquiry:

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