



Filing An Injury, Illness or Death Claim



Department Related Injury or Illness Claims

- Complete the Provident Agency FNOC (available online at <https://scfirefighters.org/insurance/forms/>).
- The FNOC needs to be signed by the injured or ill person and an authorized member of the department.
- Enclose wage verification — Acceptable forms include a pay stub that has a gross year to date earned amount, a Schedule C if you are self-employed, or a prior year's tax return with all applicable W-2's.
- Enclose any related medical documentation that maybe available and relevant to the claim.
- Mail the above correspondence to: P.O. Box 211725, Columbia, SC 29221, email to Marcia@scfirefighters.org or fax: 803-454-1806
- File a claim with your organizations Workers Compensation carrier if applicable.

Death Claims

- A copy of the death certificate
- A copy of the obituary
- A copy of the beneficiary form on file at the department. (available online at <https://scfirefighters.org/wp-content/uploads/2017/03/New-Beneficiary-Form-2016.pdf>)

Submit the above documents to SCSFA

- Mail: P.O. Box 211725, Columbia, SC 29221.
- Email: Marcia@scfirefighters.org
- Fax: 803-454-1806

For additional information please contact us at
803-454-1802 - zorrina@scfirefighters.org - marcia@scfirefighters.org