



Dear MEA Member,

The attached form allows you to report damages to your property. By filling out this report, you will be filing a claim related to those damages.

To ensure your claim receives an impartial review, MEA has contracted with an Alaska-based third-party insurer, ARECA Insurance Exchange, to handle all claims in a fair and unbiased manner. They will investigate your claim to determine if the damages were a result of negligence based on standard utility practice.

Please return this form in person to any of our district offices or send it via fax or email using the contact information below. Once MEA has received your form, we will forward it to ARECA for handling.

Upon receipt of your claim, ARECA will send you an acknowledgement letter that will include the name of your claims adjuster and provide contact information for questions or comments. ARECA will then initiate the investigation and handle your claim. The claims adjuster will determine whether or not the claim is payable. You will be notified in writing of their determination. Claims are typically processed within 30 business days.

As a member-owned cooperative, we'd like to thank you for communicating your concerns. If you have questions, please contact a Member Service Representative at (907) 761.9300.

Mail: PO Box 2929 Palmer, AK 99645

Email: meacontact@mea.coop

Fax: 907.761.9352

Office Locations:

Palmer

163 E Industrial Way
Palmer, AK

Eagle River

11623 Aurora St
Eagle River, AK

Wasilla

1401 S. Seward Meridian Parkway
Wasilla, AK



Date Received: _____

Received By: _____

MEMBER REPORT OF DAMAGES

This form is provided to collect the information MEA will need for your damage claim. Please sign and return the completed form and attach any receipts or estimates you have related to your claim.

This information is forwarded to MEA's insurance carrier. They will investigate your claim to determine if the damages were a result of negligence on behalf of MEA. You will be notified once a determination has been made by MEA's insurance carrier.

The undersigned submits the following report and information relating to damage of property.

1. Name: _____

Mailing Address: _____ Zip: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Member No.: _____

Service Location (meter number): _____

2. List any MEA employees you have been in contact with regarding this matter:

3. Describe the occurrence or event that prompted this report:

Date occurred: _____ Time: _____ (a.m./p.m.)

Place (specific location): _____

4. Describe the cause of the event this report is based on:

5. Give a description of any property damage or loss. Include make/model and serial numbers, age of items, and repair or replacement costs along with receipts or estimates:

6. Please list any additional information you think might be helpful in reviewing this report:

Alaska Statutes require this notice to be included on all claim report forms:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

I have read the matters and statements made in the above report and I know the same to be true of my own knowledge, except as to those matters stated upon information provided by others (such as an estimate from a repair firm) which I believe to be true.

Signed this _____ day of _____, _____
NUMERAL MONTH YEAR

(Print Name)

(Signature)

Please return this form to:

Attn: MEA Member Report of Damages
PO Box 2929
Palmer, AK 99645
(907) 761.9300 FAX 761.9352
(907) 689.9300 FAX 689.9630 from Eagle River and Anchorage
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