

WE'RE HERE TO HELP! Please note the following important information regarding filing a claim with Assurant.

- It is important that you complete all required sections and include documentation to avoid delays in processing your claim.
- You are responsible for continuing to make your regular scheduled payments until a decision is made by us on any claim submitted under the Certificate or Statement of Service.
- For faster processing, we recommend you file your claim online at cardbenefits.assurant.com

Complete sections for your claim type as identified below

Review the checklist to make sure that you have provided all required documentation and have completed, signed and obtained signatures for all required sections in full.

Please reference the Certificate of Insurance or Statement of Service to confirm your product and list of covered milestones/events.

LIFETIME MILESTONES

- Complete and sign Section 1 & 2.
Note: If you wish to authorize a family member or friend to speak on your behalf, please complete the 'Verbal Release of Information', part of Section 2. This authorization will allow them to discuss your claim with a representative of Assurant if you are not available.
- Identify the applicable milestone below and attach the corresponding supporting document.
 - **Marriage** - provide a copy of the marriage certificate.
 - **Birth of child** - provide a copy of the birth certificate.
 - **Adoption of child** - provide a copy of the birth certificate and adoption papers.
 - **Graduation or professional certification/designation** - provide a copy of the diploma showing the date of graduation.
 - **First employment after graduation or professional certification/designation** - provide a letter from your employer confirming date employment is to begin.
 - **Home purchase** - an address change document such as a real estate purchase agreement or deed of trust.
 - **Final payment of mortgage loan** - Final mortgage loan statement.
 - **Retirement** - provide a copy of your record of employment or a letter from your employer confirming retirement date.

CELEBRATION EVENTS

- Complete and sign Section 1 & 2.
Note: If you wish to authorize a family member or friend to speak on your behalf, please complete the 'Verbal Release of Information', part of Section 2. This authorization will allow them to discuss your claim with a representative of Assurant if you are not available.
- Identify the applicable event below and attach the corresponding supporting document.
 - **Birth of child/grandchild** - provide a copy of the birth certificate.
 - **Adoption of child/grandchild** - provide a copy of the birth certificate and adoption papers.

POSITIVE LIFE EVENTS

- Complete and sign Section 1 & 2.
Note: If you wish to authorize a family member or friend to speak on your behalf, please complete the 'Verbal Release of Information', part of Section 2. This authorization will allow them to discuss your claim with a representative of Assurant if you are not available.
- Identify the applicable event below and attach the corresponding supporting document.
 - **Your or your child's marriage** - provide a copy of the marriage certificate.
 - **Birth of child** - provide a copy of the birth certificate.
 - **Adoption of child** - provide a copy of the birth certificate and adoption papers.
 - **Child enters post-secondary accredited college or university for the first time** - documentation indicating acceptance into a post-secondary accredited college or university for the first time.
 - **Home purchase** - an address change document such as a signed lease, real estate purchase agreement, or deed of trust.
 - **Retirement** - provide a copy of your record of employment or a letter from your employer confirming retirement date.

PLEASE RETURN YOUR FORM AND/OR SUPPORTING DOCUMENTATION IN ONE OF THE FOLLOWING WAYS:



Upload your documents for faster processing.
Online: cardbenefits.assurant.com



Alternatively, you can mail the documents.
Mail: Assurant, Financial Claims,
 P.O. Box 7000 Kingston, ON K7L 5V3

We recommend that you retain copies of all documentation submitted to us for review.
All benefit payments are paid directly to your creditor, and will be shown on your monthly billing statement.

WE'RE HERE TO HELP! Please visit cardbenefits.assurant.com



SECTION 1

FOR FASTER CLAIM PROCESSING: Please complete form, save file and upload to cardbenefits.assurant.com

PRIMARY CARDHOLDER INFORMATION Please complete for all claims being submitted

CREDITOR NAME (GROUP POLICYHOLDER/CREDIT CARD ISSUER)				
<input type="checkbox"/> CHECK HERE IF YOU ARE FILING A CLAIM FOR MORE THAN ONE ACCOUNT				
PLEASE LIST ALL ACCOUNT NUMBERS				
NAME OF PRIMARY CARDHOLDER				
LAST NAME		FIRST NAME, MIDDLE INITIAL		DATE OF BIRTH MM DD YYYY
PREFERRED METHOD OF CONTACT <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL		EMAIL ADDRESS		
ADDRESS				
STREET		CITY	PROVINCE	POSTAL CODE CONTACT TELEPHONE NUMBER ()
NAME OF CLAIMANT				
LAST NAME		FIRST NAME, MIDDLE INITIAL		DATE OF BIRTH MM DD YYYY
RELATIONSHIP TO PRIMARY CARDHOLDER		WHAT LIFETIME MILESTONE / LIFE EVENT / CELEBRATION EVENT ARE YOU CLAIMING FOR?		

SECTION 2

AUTHORIZATION AND CLAIMS ASSISTANCE Please certify that the information given here is true and correct.

I AUTHORIZE any current or former employer, insurance company, or other entity or person, including the group policyholder or credit card issuer, that has any personal or financial records or knowledge in regard to the claimant, to release and provide full details (including furnishing copies) of all available personal and financial records and knowledge, which they may possess to the above noted provider American Bankers Insurance Company of Florida hereinafter referred to as "Assurant", in regard to the claim, its authorized administrator, any re-insurer, or their respective agents.

The information is to be used in the evaluation of a claim and for the purposes relating to such claim. This consent shall be valid during the continuation of such claim.

I also authorize the provider, its authorized administrator, any re-insurers, any group policyholder or credit card issuer, and their respective agents to exchange and or transmit information concerning this claim to the organization listed above as necessary to evaluate this claim.

I understand that in executing this authorization, I waive the right for such information to be privileged. A photocopy of this authorization shall be considered as effective and valid as the original.

I confirm and understand that the information provided is true and accurate to the best of my knowledge. This claim shall be void if, whether before or after the loss, I concealed or misrepresented any facts, or if any documents submitted have concealed or misrepresented any fact or circumstance concerning this claim.

By checking this box, I acknowledge that the above statement is true as of _____

CLAIMANT SIGNATURE	DATE MM DD YYYY
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VERBAL RELEASE OF INFORMATION

Customer privacy and the protection of private and confidential information is important to us. We do understand that in some cases, a claimant may wish to have someone speak to Assurant on their behalf. Please complete this authorization section if you wish to have another individual discuss the details of your claim. Without this authorization we are unable to speak to anyone other than the claimant.

I give my authorization to Assurant to speak to _____,

who is my _____, with regard to my claim.

By checking this box, I acknowledge that the above statement is true as of _____

CLAIMANT SIGNATURE	DATE MM DD YYYY
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