

Involuntary Unemployment Claims Package

IMPORTANT!

We are pleased to provide you with this claims package. There are some important points we would like to bring to your attention, to ensure that your claim is processed as fast as possible:

1. **Please ensure that every field is fully completed by yourself and your employer (if no Record of Employment is available).**
2. **Please ensure that you enter your email address in “Section 1: Claimants Section”. We email most claim communication, and want to be sure that you are always up to date with the status of your claim.**
3. **On the last page of this claims package is the ‘What Happens Now’ section. Please read this section so you know exactly what to expect with the claim, and specifically the last section that requires your signature acknowledging you must return this claims package within five business days.**

Before sending in the claims package please ensure that you thoroughly go over the ‘Claims Checklist’ on page 2 of this claims package to ensure you have everything complete and supporting documents attached. While emailing is preferred, you can submit your completed claims package using any of the four methods below:

1. **Email:** claims@premiumservicesgroup.ca
2. **Claims Fax:** 1.888.341.4888
3. **Mail:** Premium Services Group
300- 495 Richmond St.,
London ON N6A 5A9
4. **Upload by Lender:** If you choose, you may request that the Lender upload the claims documents directly to Premium Services Group on your behalf by completing the Consent Form below.

CONSENT FORM

To: _____ [Name of lender] (the “Lender”)

I hereby confirm that I have requested that the Lender scan and submit certain claims and other related forms (the “Forms”) to Premium Services Group Inc. (“PSG”) on my behalf. I consent to the collection, use and disclosure of my personal information contained in the Forms by the Lender for the purpose of uploading and transmitting such Forms to PSG, provided that the Lender shall either return to me or securely destroy the Forms following such transmission and shall not retain any personal information contained in the Forms.

Dated _____
Month / Day / Year

Claimant Signature

Claimant Name (please print)

Cash Money Cheque Cashing Inc. is not the insurer and plays no part in determining coverage or in claims adjudication or disposition.

Administration Office	
Premium Services Group 300- 495 Richmond St., London ON N6A 5A9	Claims Info: 1-866-766-4566 ext. 4056 Claims Fax: 1-888-341-4888 Claims Email: claims@premiumservicesgroup.ca

Claim Information	
Date: _____ (dd/mm/yy)	No. of Pages: _____ (incl. cover)
Claimant's Name: _____	
Phone: _____ ext. _____	E-mail: _____

Claim Checklist	
Please note that ALL claims info must be received in order to process claim (Please check boxes when completed)	
Claim Form completed in <u>full</u> ?	
Record of Employment attached? (Section 2 completed if no ROE)	
Copy of line of credit documents outstanding on date of unemployment?	
Additional Information? (<i>please note</i>)	
<u>IMPORTANT</u>	
1. the administration office must be notified within 30 days of your date of unemployment 2. the completed claim form (<i>see checklist below</i>) must be submitted to the administration office within 90 days of the date of your unemployment	

Submitted By:	Please Note
Customer	<ul style="list-style-type: none"> Please ensure ALL documents are faxed/mailed to the contact info above Please watch for email confirmation from PSG that file was received (If you are sending pictures of completed docs to email in, please ensure photo is clear)

Involuntary Unemployment Claim

Line of Credit Protection Program #LOC001-CM01

Section 1 – CLAIMANT’S STATEMENT (Please Print Clearly)

Note to Claimant:

- **To be completed by the Insured/Claimant.**
- Attach copies of (1) your Record of Employment (ROE), (2) your EI Benefit Statement – Notice of Claim slip (or correspondence from HRDC confirming the status of your EI claim) and (3) your Line of Credit Documents
- Mail or fax the completed form and attachments to the Insurer at the address or fax number above.

Claimant's Name _____
(Last) (First) (Init)

Claimant Email:

(In order to process your claim as efficiently as possible, most written communication is sent via email. Please ensure you check all mailboxes for emails from the domains @premiumservicesgroup.ca (eg. claims@premiumservicesgroup.ca)

Address _____
(Number, street, apartment number) (City) (Prov.) (Postal code)

Telephone No. (_____) Sex M F Date of Birth (mm/dd/yyyy) _____

Name of Last Employer _____ Occupation _____

Address _____
(Number, street, unit number) (City) (Prov.) (Postal code)

Date of Hire (mm/dd/yyyy) _____ Last Day Worked (mm/dd/yyyy) _____ Hours Worked per Week _____

Reason for Unemployment _____

If you are not eligible for E.I. Benefits, please state reason _____

When did you apply for E.I. Benefits? (mm/dd/yyyy) _____

Claimant's Declaration: The above statements are true and complete to the best of my knowledge and belief.

PRIVACY NOTICE: The information provided on this claim form and otherwise in respect of this claim, is required by Canadian Premier Life Insurance Company, its reinsurers and authorized administrators (the "Insurer") to assess this claim. For these purposes, the Insurer will also consult its existing insurance files, collect additional information from the claimant and where required, collect information from and exchange information with third parties. Limited information relating to the status of the claim and the amount of the debt will be exchanged with the creditor who is the beneficiary under this plan, strictly for the purpose of administering insurance benefits. Medical information or details relating to the claimant's employment will not be provided to the creditor without an additional specific authorization to that effect.

Special authorization: By checking this box I authorize Canadian Premier Life Insurance Company to release non-medical details to Cash Money Cheque Cashing Inc. regarding my claim decision.

AUTHORIZATION: I authorize, for a period of not more than twenty-four months from the date hereof, any employer, physician, practitioner, health care professional, hospital, health care institution, and any other medical or medically related facility, any insurance or reinsurance company, Workers' Compensation Board, HRDC or similar plan or organization, federal, territorial or provincial government department, or any other corporation or organization, institution or association possessing records or knowledge of me to release and exchange with Canadian Premier Life Insurance Company, or representatives thereof, all personal health information, benefit payment, employment or financial information about me or in its possession that is requested while administering this claim. A photocopy or facsimile of this authorization is as valid as the original. I have provided my personal email address above for the purpose of receiving communication regarding this claim. I give Canadian Premier Life Insurance Company and its representative's permission to communicate the details about this claim using the email address provided.

I understand why I have been asked to disclose this information and the risks and benefits of consenting or refusing to consent. I understand that I can withdraw my consent at any time, but that if I do, the Insurer will not be able to assess my claim and will not pay benefits.

Claimant's Name _____ Signature _____ Date Signed _____

Involuntary Unemployment Claim
Line of Credit Protection Program #LOC001-CM01

Canadian Premier Life Insurance Company
C/O Premium Services Group Inc.
495 Richmond St., Suite 300, London, ON, N6A 5A9
FAX 1-888-341-4888

Section 2 – EMPLOYER'S STATEMENT (Please Print Clearly)
Only to be completed if no Record of Employment (ROE)

Claimant's Name _____
(Last) (First) (Init)

Reason for Unemployment _____ With Cause? Yes No

First Day Worked (mm/dd/yyyy) _____ Last Day Worked (mm/dd/yyyy) _____

If the employee was laid off, when was he/she first advised? (mm/dd/yyyy) _____

Is this lay-off/work suspension due to a seasonal work stoppage? Yes No

Details: _____

Declaration: I declare that the information in Section 1 and 2 of this form, concerning the employee and his/her employment, is true to the best of my knowledge.

Signature _____ Date Signed (mm/dd/yyyy) _____

Employer's Name _____ Telephone Number (_____)

Employer's Address _____
(Number, street, unit number) (City) (Prov.) (Postal code)

What Happens Now?

Claim is Sent to PSG

- Claims are to be sent directly to PSG

Claim is Processed by PSG

- Once ALL required documents are received, claims processing takes 48-72 hours
- If any documents or supporting material is missing we will notify you and Cash Money by email

Claim is Approved by PSG

- Once a file has been approved
 - **Immediately:** an initial payment based on your payment mode, equal to 1 monthly, 2 bi-weekly or 4 weekly installments will be paid to Cash Money to be applied to your account
 - **Every 28 days:** You are required to present a copy of an EI deposit slip, or copy of a recent bank statement, showing an EI payment dated every 28 days from the date you were laid off.
 - Upon receiving acceptable proof of EI; an additional payment equal to your payment mode will be paid every 28 days for up to 6 months **subject to the benefit maximums** as indicated in the Certificate of Insurance.
 - Acceptable proof must have the claimants name clearly typed/indicated on the proof
 - Proof must be continuous, and provided within 90 days of the date required

Claim is Declined by PSG

- If your claim for benefits is declined, you will be contacted by PSG in writing.
- Should you wish to dispute any decision made by the insurer you may contact PSG.

IMPORTANT

Please note that you are required to make your line of credit payments while your claim is being adjudicated and until any benefit payments are received by Cash Money, in order to avoid additional interest and fees from accumulating. **Claim Benefits do NOT include any late penalty or arrears interest.**

Furthermore, if the completed documents are not received within the five (5) business days, we will assume that you have decided not to proceed with your claim and all late fees and interest will be accrued back to the date your last payment was due.

Claimant Signature: _____