

## 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(s) 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 the ‘What Happens Now’ section. Please read this section so you know exactly what to expect with your 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 three methods below:

Email: [cashmoney@iwsinc.ca](mailto:cashmoney@iwsinc.ca)

Claims Fax Hotline: 1.888.341.4888

Mail: **IWS Creditor Group/Western Life Assurance**  
300- 495 Richmond St.,  
London ON N6A 5A9

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

<b>Administration Office</b>	
<b>IWS Creditor Group/Western Life Assurance</b> 300- 495 Richmond St., London ON N6A 5A9	Claims Info Hotline: <b>1-866-210-1296</b> Claims Fax Hotline: <b>1-888-341-4888</b> Claims Email : <a href="mailto:cashmoney@iwsinc.ca">cashmoney@iwsinc.ca</a> <span style="color: red; font-size: small;">(For claims submission only)</span>

<b>Claim Information</b>	
Date: _____ (dd/mm/yy)	No. of Pages: _____ (incl. cover)
Claimants Name: _____	
Phone: _____	

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

Submitted By:	
<b>Customer</b>	<ul style="list-style-type: none"> <li>Please ensure ALL documents are either emailed to <a href="mailto:cashmoney@iwsinc.ca">cashmoney@iwsinc.ca</a> ; faxed to number above or mailed to IWS Creditor Group.</li> <li>Please watch for email confirmation from IWS that file was received (If you are sending pictures of completed docs to email in, please ensure photo is clear)</li> </ul>

# Involuntary Unemployment Claim

Loan Protection Program #CM01004

Western Life Assurance Company  
C/O IWS Creditor Group  
495 Richmond St., Suite 300, London, ON, N6A 5A9  
(F) 1-888-341-4888 (E) [cashmoney@iwsinc.ca](mailto:cashmoney@iwsinc.ca)

## 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 Loan Documents
- Mail, fax, or email 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 @iwsinc.ca (eg. [cashmoney@iwsinc.ca](mailto:cashmoney@iwsinc.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 Western Life Assurance 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 Western Life to release non-medical details to CashMoney regarding my claim decision.

**AUTHORIZATION:** I authorize, for a period of not less than twelve and 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 Western Life Assurance 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 Western Life Assurance Company and its representatives 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 \_\_\_\_\_

**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 IWS

- If claims are sent directly to IWS, IWS will provide confirmation of receipt of this claim to both Cash Money and yourself

## Claim is Processed by IWS

- 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 CashMoney by email

## Claim is Approved by IWS

- Once a file has been approved
  - **Immediately:** 2 bi-weekly payments will be paid to CashMoney to be applied to your account
  - **Every 30 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 30 days from the date you were laid off. Please send confirmation to [cashmoney@iwsinc.ca](mailto:cashmoney@iwsinc.ca) or by fax to 1.888.341.4888 Attn. IWS/CashMoney Claims
    - Upon receiving acceptable proof of EI; 2 bi-weekly benefits will be paid every 30 days until either a total of **12 Bi-weekly payments** have been paid on this claim, until max benefit of \$2000 is reached, or loan is paid in full; whichever comes first.
    - 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 IWS

- If your claim for benefits is declined, you will be contacted by both CashMoney by phone and Western Life/IWS in writing.
- Should you wish to dispute any decision made by the insurer you may contact IWS directly at 1.855.377.7542.

## IMPORTANT

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

Furthermore, completed documents should be received within the five (5) business days, to ensure that your claim can be processed as soon as possible and no unnecessary interest and late fees are accrued.

Claimant Signature: \_\_\_\_\_