



## 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 to Canadian Premier’s authorized administrator using any of the three 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

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

Canadian Premier Life Insurance Company  
25 SHEPPARD AVE WEST, SUITE 1400 TORONTO, Ontario M2N 6S6

Tel: 1-800-763-1300

Email: procteam@canadianpremier.ca

Fax: 1-800-998-2799

IUICF-032019

**Canadian Premier Life Insurance Company**  
**Involuntary Unemployment Claim Forms**

**Authorized Administrator for Canadian Premier Life**

**Premium Services Group**  
300- 495 Richmond St.,  
London ON N6A 5A9

Claims Info: **1-855-755-2430 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>	

**IMPORTANT**

1. We must be notified at the offices of our authorized administrator, PSG, within **30 days** of your date of unemployment
2. the completed claim form (*see checklist below*) must be submitted to PSG at the address indicated above within **90 days** of the date of your unemployment

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

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# 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 our authorized administrator at the domain @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)

# Canadian Premier Life Insurance Company Involuntary Unemployment Claim

## What Happens Now?

### Claim is Sent to Canadian Premier's Authorized Administrator: PSG

- Claims are to be sent directly to PSG
- PSG will send email confirmation to both Cash Money and Customer. Please ensure confirmation is received within 24 hours. If not, please resend file or contact 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 you will be notified by email

### Claim is Approved

- 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 of the **Monthly Amount Insured** 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

- If your claim for benefits is declined, you will be contacted in writing.
- Should you wish to dispute any decision made you may contact Canadian Premier's administrator, PSG at 1-855-755-2430

Please note: If you have any concerns with the handling of your claim or other related matters of service or concern, you may contact Canadian Premier Life Insurance Company directly at the contact information below or at 1-800-763-1300 or online at <https://www.canadianpremier.ca/complaints/>

### 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: \_\_\_\_\_

Canadian Premier Life Insurance Company  
25 SHEPPARD AVE WEST, SUITE 1400 TORONTO, Ontario M2N 6S6

Tel: 1-800-763-1300

Email: [procteam@canadianpremier.ca](mailto:procteam@canadianpremier.ca)

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