

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.
- For faster processing, we recommend you file your claim online at claims.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.

1

- Complete and sign Section 1.

2

WHEN TO RETURN FORMS AND SUPPORTING DOCUMENTATION

If your scheduled payment frequency is Bi-weekly or Semi-monthly, please return your form 7 days prior to your due date.

If your scheduled payment frequency is Monthly, please return your form 15 days prior to your due date.

3

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



Upload your documents for faster processing.

Online: login at claims.assurant.com



Visit your easyfinancial branch



Call (855) 996-3279



Mail: Assurant, Financial Claims,
1945 King Street East, Suite 100, Hamilton, Ontario L8K 1W2

We recommend that you retain copies of all documentation submitted to us for review.

All benefit payments are paid directly to your creditor.

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



SECTION 1

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

CLAIMANT INFORMATION Must be completed in full

Involuntary Unemployment

NAME	CLAIM NUMBER
------	--------------

CHECK HERE IF YOU ARE FILING A CLAIM FOR MORE THAN ONE LOAN/ACCOUNT

PLEASE LIST ALL LOAN/ACCOUNT NUMBERS (You can find this information on your loan/account documents)

--	--	--	--

ADDRESS CHECK HERE IF ADDRESS HAS CHANGED

STREET	CITY	PROVINCE	POSTAL CODE	CONTACT TELEPHONE NUMBER ()
--------	------	----------	-------------	-------------------------------------

HAVE YOU RETURNED TO WORK SINCE YOU BECAME UNEMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> NO	IF YES, WHAT DATE MM DD YYYY	# OF HOURS/WEEK YOU NOW WORK	ARE YOU RECEIVING EMPLOYMENT INSURANCE BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---	------------------------------	--

ARE YOU RECEIVING INCOME/WAGES FROM AN EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU HAVE NOT RETURNED TO WORK, WHY NOT?
--	--

I certify that the information given here is true and correct. I AUTHORIZE any employer, physician, hospital, insurer, law enforcement agency, fire department or other organization, or person having any records, data or information concerning this claim to furnish such records, data or information to the above noted insurer(s), American Bankers Life Assurance Company of Florida and/or American Bankers Insurance Company of Florida hereinafter collectively referred to as "Assurant", or their authorized representative as requested. 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.

This authorization shall remain valid for the duration of the claim.

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	TELEPHONE NUMBER ()	DATE MM DD YYYY
--------------------	-----------------------------	---------------------------

Assurant understands that easyfinancial employees and/or third parties acting on behalf of easyfinancial, may play an important role in assisting you with the claim process (e.g., filing your claim form, submitting other required claim documents and discussing your claim status). In order to protect your privacy, we require your explicit consent to discuss your claim with easyfinancial employees and/or third parties acting on behalf of easyfinancial. Your consent is specific to this claim only and you have the right to withdraw your consent at any time. You may choose to submit your claim information directly to Assurant as noted on this claim form.

I give permission to Assurant to share my claim status and claim details with easyfinancial employees and/or third parties acting on behalf of easyfinancial assisting me with my claim. I am aware and acknowledge that my claim status and claim details may include sensitive personal information (medical and otherwise).

CLAIMANT SIGNATURE	DATE MM DD YYYY
--------------------	---------------------------

PLEASE INDICATE THE APPROPRIATE RESPONSE

<input type="checkbox"/> 1. My Employment Insurance benefit information is attached.		
<input type="checkbox"/> 2. My Employment Insurance benefits have not yet commenced due to a Severance Package I received.	The date my Severance will end is	MM DD YYYY
<input type="checkbox"/> 3. I am not eligible for Employment Insurance benefits due to insufficient weeks/hours worked.		

FORM MUST BE SIGNED AND DATED