

Underwritten by:
Triton Insurance Company

1420-380 Wellington St
London, Ontario N6A 5B5

T 800-285-8623 | Fax 877-772-2623

Continuing Involuntary Unemployment Claim Form

Insured Name:
Branch/Account Number :
Claim number:
Branch Mailing Address:

Date received in branch:

M	M	/	D	D	/	Y	Y
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FORM COMPLETION INSTRUCTIONS

1. Fully complete all sections and spaces on the form.
2. If a question is not applicable, a line should be drawn through the space provided for the answer.
3. A claim form must be submitted every 30 days for additional benefits to be considered.
4. Attach copies of Employment Insurance benefit cheques or statements, covering the period of unemployment.

NOTE: Altered forms cannot be accepted.

SUBMISSION INSTRUCTIONS

1. When all required sections are complete, return the form to the office listed above.
2. Keep a copy of the entire form and any attachments for your records.
3. If the form is not fully completed with all attachments, the processing will be delayed.
4. If you choose to email the claim to InsClaims@onemainfinancial.com, please be aware email is not considered a secure method of delivery for personal/medical information.
5. Please allow 15 days after submitting for processing fully completed forms.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the applicable provincial legislation: In Alberta - *Insurance Act*; In British Columbia, New Brunswick, Nova Scotia, Prince Edward Island, Yukon, Northwest Territories and Nunavut - *Insurance Act*; In Manitoba - *The Insurance Act*; In Ontario - *Limitations Act of 2002*; In Saskatchewan and Newfoundland - *The Limitations Act*; In Quebec - *The Civil Code of Quebec*.

NOTICE REGARDING COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Triton Insurance Company collects, uses and discloses personal information about you as described: (1) in the Triton Insurance Company Privacy of Personal Information Statement (a copy of which can be obtained at the address above); (2) in *the Personal Information Authorization* section of this form; and (3) referenced in the creditor insurance application form that relates to your claim. We maintain a file containing your personal information for the purposes outlined in each of the above, accessible at 1420-380 Wellington Street London, Ontario N6A 5B5. Your file will only be accessible to employees, agents and other authorized representatives of Triton Insurance Company who are responsible for administering your file, and other persons authorized by you or by law.

By signing and submitting this claim form on your own behalf , you give your consent to the collection, use and disclosure of personal information as described above and elsewhere in this claim form, including the Personal Information Authorization section of this claim form.

SIGNATURE:

DATE:

M	M	/	D	D	/	Y	Y
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1. STATEMENT OF INSURED Print or type all information. To be completed and signed by the insured.

Have you returned to work? Yes No

If yes, what is the date you returned?

M	M	/	D	D	/	Y	Y	Days per Week	Hours per Day
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I certify that the foregoing statements, including any accompanying statements, are true, correct and complete to the best of my information, knowledge and belief.

SIGNATURE: _____ DATE:

M	M	/	D	D	/	Y	Y
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COMPLETE MAILING ADDRESS: _____ CITY: _____ PROV.:

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 POSTAL CODE:

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