

### 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
  or Statement of Service.
- · For faster processing, we recommend you file your claim online at cardbenefits.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.

Please reference the Certificate of Insurance or Statement of Service to confirm your product and list of covered milestones/events.

LIFETIME MILESTONES	<ul> <li>□ Complete and sign Section 1 &amp; 2.         Note: If you wish to authorize a family member or friend to speak on your behalf, please complete the 'Verbal Release of Information', part of Section 2. This authorization will allow them to discuss your claim with a representative of Assurant if you are not available.     </li> <li>□ Identify the applicable milestone below and attach the corresponding supporting document.         <ul> <li>Marriage - provide a copy of the marriage certificate.</li> <li>Birth of child - provide a copy of the birth certificate and adoption papers.</li> <li>Graduation or professional certification/designation - provide a copy of the diploma showing the date of graduation.</li> <li>First employment after graduation or professional certification/designation - provide a letter from your employer confirming date employment is to begin.</li> <li>Home purchase - an address change document such as a real estate purchase agreement or deed of trust.</li> <li>Final payment of mortgage loan - final mortgage loan statement.</li> <li>Retirement - provide a copy of your record of employment or a letter from your employer confirming retirement date.</li> </ul> </li> </ul>
CELEBRATION EVENTS	<ul> <li>Complete and sign Section 1 &amp; 2.         Note: If you wish to authorize a family member or friend to speak on your behalf, please complete the 'Verbal Release of Information', part of Section 2. This authorization will allow them to discuss your claim with a representative of Assurant if you are not available.     </li> <li>Identify the applicable event below and attach the corresponding supporting document.         <ul> <li>Birth of child/grandchild - provide a copy of the birth certificate.</li> <li>Adoption of child/grandchild - provide a copy of the birth certificate and adoption papers.</li> </ul> </li> </ul>
POSITIVE LIFE EVENTS	<ul> <li>□ Complete and sign Section 1 &amp; 2.         Note: If you wish to authorize a family member or friend to speak on your behalf, please complete the 'Verbal Release of Information', part of Section 2. This authorization will allow them to discuss your claim with a representative of Assurant if you are not available.     </li> <li>□ Identify the applicable event below and attach the corresponding supporting document.         <ul> <li>Your or your child's marriage - provide a copy of the marriage certificate.</li> <li>Birth of child - provide a copy of the birth certificate and adoption papers.</li> <li>Child enters post-secondary accredited college or university for the first time - documentation indicating acceptance into a post-secondary accredited college or university for the first time.</li> <li>Home purchase - an address change document such as a signed lease, real estate purchase agreement, or deed of trust.</li> <li>Retirement - provide a copy of your record of employment or a letter from your employer confirming retirement date.</li> </ul> </li> </ul>

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



Upload your documents for faster processing.

Online: cardbenefits.assurant.com



Alternatively, you can mail the documents.

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, and will be shown on your monthly billing statement.

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

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GCF062023

Financial Claims, 1945 King Street East, Suite 100, Hamilton, Ontario L8K 1W2 | Telephone: 1-800-361-5344



## **SECTION 1**

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

# PRIMARY CARDHOLDER INFORMATION Please complete for all claims being submitted

CREDITOR NAME (GROUP POLICYHOLDER/CREDIT CARD ISSUER)											
☐ CHECK HERE IF YOU ARE FILING A CLAIM FOR MORE THAN ONE ACCOUNT											
PLEASE LIST ALL ACCOUNT NUMBERS											
NAME OF PRIMARY CARDHOLDER											
LAST NAME	FIRST NAME, MIDDLE INITIAL					TE OF BIRTH	YYYY	AGE			
PREFERRED METHOD OF CONTACT  MAIL	EMAIL ADDRESS										
ADDRESS					ı						
STREET	CITY		PROVINCE	POSTAL CODE	CONTACT	NTACT TELEPHONE NUMBER )					
NAME OF CLAIMANT											
LAST NAME	FIRST NAME, MIDDLE INITIAL					DATE O	F BIRTH DD	YYYY			
RELATIONSHIP TO PRIMARY CARDHOLI	WHAT LIFETIME MILESTONE / LIFE EVENT / CELEBRATION EVENT ARE YOU CLAIMING FOR?										
SECTION 2		1									
AUTHORIZATION AND CLAIMS ASSISTANCE Please certify that the information given here is true and correct.											
I AUTHORIZE any current or former employer, insurance company, or other entity or person, including the group policyholder or credit card issuer, that has any personal or financial records or knowledge in regard to the claimant, to release and provide full details (including furnishing copies) of all available personal and financial records and knowledge, which they may possess to the above noted provider American Bankers Insurance Company of Florida hereinafter referred to as "Assurant", in regard to the claim, its authorized administrator, any re-insurer, or their respective agents.											
The information is to be used in the						-					
I also authorize the provider, its aut information concerning this claim to	thorized administrator, any re-ir the organization listed above as	nsurers, any group pol s necessary to evaluate	licyholder o e this claim	r credit card	d issuer, and the	ir respecti	ive agents to e	xchange and o	or transmit		
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.											
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 acknow	ledge that the above statement	is true as of									
CLAIMANT SIGNATURE						DATE MM	DD	YYYY			
VERBAL RELEASE OF INFO	ORMATION										
Customer privacy and the protection of private and confidential information is important to us. We do understand that in some cases, a claimant may wish to have someone speak to Assurant on their behalf. Please complete this authorization section if you wish to have another individual discuss the details of your claim. Without this authorization we are unable to speak to anyone other than the claimant.											
I give my authorization to Assurant to speak to											
who is my, with regard to my claim.											
By checking this box, I acknowledge that the above statement is true as of											
CLAIMANT SIGNATURE						DATE MM	DD	YYYY			

American Bankers Insurance Company of Florida (ABIC), its subsidiaries, and affiliates carry on business in Canada under the name of Assurant\*. ® Assurant is a registered trademark of Assurant, Inc. ABIC uses and shares personal information provided to it by you and obtained from others with your consent. It may use the information to serve you as a customer or when required or permitted by law. Your information may be processed and stored outside your province in another country, and may be subject to access by government authorities under their applicable laws. Please visit www.assurant.ca/privacy-policy or call 1-888-778-8023 regarding the use of your personal information and your privacy rights.

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