USAA®

c/o Benefit Activation Department, PO Box 977122, Miami, FL 33197-7122

CONTINUING UNEMPLOYMENT BENEFIT VERIFICATION FORM

Please see instructions on the reverse side of this benefit verification form.

A. CARDMEMBER INFORMATION (must be completed and signed below) — PLEASE PRINT

NAME AND ADDRESS ☐ IF ADDRESS IS INCORRECT CHECK HERE AND ENTER CORRECTION ON BACK OF FORM	ACTIVATION NUMBER
	E-MAIL ADDRESS (IF AVAILABLE)
	NAME OF CREDITOR

B. UNEMPLOYED PERSON'S INFORMATION — PLEASE PRINT

NAME OF UNEMPLOYED PERSON	UNEMPLOYED PERSON IS ☐ Cardmember ☐ Joint Cardholder	
NAME OF EMPLOYER	TELEPHONE NUMBER (EMPLOYER) ( )	EXTENSION
RETURNED TO WORK SINCE BECOMING UNEMPLOYED ☐ Yes ☐ No If Yes, ☐ Full-Time ☐ Part-Time	DATE RETURNED TO WORK / /	# OF HOURS PER WEEK
RECEIVING UNEMPLOYMENT BENEFITS ☐ Yes ☐ No	IF NOT, WHY	RECEIVING WORKERS' COMPENSATION BENEFITS ☐ Yes ☐ No
CURRENTLY OUT ON STRIKE ☐ Yes ☐ No	RECEIVING STRIKE PAY BENEFITS ☐ Yes ☐ No	**IF YES, ATTACH A COPY OF BENEFIT CHECK OR VERIFICATION FROM LOCAL UNION TO THIS FORM**

AUTHORIZATION: I certify that the above information is true and correct. I authorize any employer, organization, or person having any records, data, or information concerning this matter to furnish such records, data or information to USAA Debt Protection Plan℠ Administrator or its authorized representatives as requested. I understand 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 remaining term of activation.

Any person who knowingly and with intent to defraud any corporation or person, files a statement containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent act, which is a crime, and is subject to criminal prosecution and civil penalties.

CARDMEMBER OR JOINT CARDHOLDER SIGNATURE (REQUIRED)	TELEPHONE NUMBER	DATE
X	( )	/ /

C. EMPLOYMENT AGENCY/LOCAL UNION/JOB SERVICE STATEMENT (STAMP MAY BE USED) — PLEASE PRINT

I CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL IS CURRENTLY REGISTERED WITH THIS AGENCY/LOCAL UNION/JOB SERVICE OFFICE

FROM / / TO / / AND WAS LAST SEEN / /

NAME OF AGENCY/LOCAL UNION/JOB SERVICE			
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER ( )	EXTENSION	FAX NUMBER ( )	
NAME OF AGENT (PRINT NAME)	SIGNATURE OF AGENT X	TITLE	DATE / /

FORM MUST BE FULLY COMPLETED, SIGNED AND DATED

A benefit verification form must be submitted with updated information every 30 days to be considered for continued benefits.

FAX COMPLETED FORM AND ANY ATTACHMENTS TO 305-259-4575 OR MAIL TO:

USAA Debt Protection
c/o Benefit Activation Department
PO Box 977122
Miami, FL 33197-7122

Dear Valued Cardmember:

Thank you for giving American Bankers Management Company the opportunity to assist you!

To be considered for continued benefit activation:
1. Complete Sections A and B.
2. Have Employment Agency/Local Union/Job Service complete Section C.

Please attach a copy of state unemployment or strike benefit check(s) or verification from local union.

If not receiving unemployment benefits or if benefits have been exhausted, attach proof of registration with an employment agency or job service.

Please include activation number on all correspondence sent to our office. This will assure prompt and efficient handling of the information provided. Also, for faster service when calling, please have activation number ready. After 15 business days, the activation status may be verified through the automated inquiry system, Monday - Friday, 8:00 a.m. - 8:00 p.m., Eastern time by calling (800) 859-0568 .

NAME AND ADDRESS CORRECTION		**PLEASE PRINT**
NAME		
STREET ADDRESS/APT. #		
CITY	STATE	ZIP CODE

USAA
11222 QUAIL ROOST DRIVE
MIAMI FL 33157-6543