



Benefit Activation Department, P.O. Box 979013, Miami, FL 33197-7122

# CONTINUING UNEMPLOYMENT BENEFIT VERIFICATION FORM

LOAN NUMBER

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

<b>A. COVERED PERSON'S INFORMATION (must be completed and signed below)</b>		<b>PLEASE PRINT</b>
NAME AND ADDRESS <input type="checkbox"/> IF ADDRESS IS INCORRECT CHECK HERE AND ENTER CORRECTION ON BACK OF FORM	ACTIVATION NUMBER	
	EMAIL ADDRESS (IF AVAILABLE)	
	NAME OF CREDITOR	

<b>B. UNEMPLOYED PERSON'S INFORMATION</b>		<b>PLEASE PRINT</b>
NAME OF UNEMPLOYED PERSON	UNEMPLOYED PERSON IS <input type="checkbox"/> Covered Person <input type="checkbox"/> Other	
NAME OF PREVIOUS EMPLOYER	TELEPHONE NUMBER (EMPLOYER) ( )	EXTENSION
RETURNED TO WORK SINCE BECOMING UNEMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	DATE RETURNED TO WORK / /	# OF HOURS PER WEEK
RECEIVING UNEMPLOYMENT BENEFITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NOT, WHY	RECEIVING WORKERS' COMPENSATION BENEFITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
CURRENTLY OUT ON STRIKE? <input type="checkbox"/> Yes <input type="checkbox"/> No	RECEIVING STRIKE PAY BENEFITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IF YES, ATTACH A COPY OF BENEFIT CHECK OR VERIFICATION FROM LOCAL UNION TO THIS FORM</b>

**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 American Bankers Management Company 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.**

COVERED PERSON'S SIGNATURE (REQUIRED) <b>X</b>	TELEPHONE NUMBER ( )	DATE / /
---	-------------------------	-------------

<b>C. EMPLOYMENT AGENCY/LOCAL UNION/JOB SERVICE STATEMENT (STAMP MAY BE USED)</b>		<b>PLEASE PRINT</b>
I CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL IS CURRENTLY REGISTERED WITH THIS AGENCY/LOCAL UNION/JOB SERVICE OFFICE		
FROM	/ /	TO / / AND WAS LAST ASSISTED ON / /
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 <b>X</b>	TITLE DATE / /

**FORM MUST BE FULLY COMPLETED, SIGNED AND DATED**

<b>A benefit verification form must be submitted with updated information every 30 days to be considered for continued benefits.</b>
--



\*MAXCCF001109099511\*

**FAX, MAIL, OR UPLOAD COMPLETED FORM AND ANY ATTACHMENTS TO 305-259-4575 OR MAIL TO ADDRESS BELOW, OR ONLINE TO CARDBENEFITS.ASSURANT.COM.**

USAA Debt Protection Plan  
Benefit Activation Department  
P.O. Box 979013  
Miami, FL 33197-7122

Dear Valued Customer:

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.

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