

PLATEAU CASUALTY INSURANCE COMPANY

P.O. BOX 7001 Crossville, TN 38557 1-800-752-8328
 Email: propertyclaims@plateaugroup.com – Fax: 931-459-3114

UNEMPLOYMENT CLAIM FORM

AFTER 30 CONSECUTIVE DAYS OF UNEMPLOYMENT	CLAIM DEPT. USE ONLY	
1. Complete Section A – Insured’s Statement	CLAIM NUMBER	
2. Have the Most Recent Employer complete Section B – Employer’s Statement	SET UP	BY
3. Have the Previous Employer complete Section C – Previous Employer’s Statement if employed by Most Recent Employer less than 12 months.	ACTION DATE	BY
4. Attach a copy of your state unemployment check(s) or registration card.	AMOUNT	
5. Have your Financial Institution (creditor/retailer) that issued your insurance certificate complete Section D – Creditor’s Statement (they will forward to Plateau).	REMARKS	

FOR YOUR PROTECTION, THE FOLLOWING IS REQUIRED TO APPEAR ON THIS FORM: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, and may be subject to fines and confinement in state prison.

INSTRUCTIONS: *When ALL required sections are completed, return your claim form to Plateau Casualty Insurance Co., P.O. Box 7001, Crossville, TN 38557, Attn. IUI Claims Dept. **IF THE FORM IS NOT COMPLETED IN FULL, IT WILL BE RETURNED TO YOU, AND THE PROCESSING OF YOUR CLAIM WILL BE SEVERELY DELAYED.***

A. INSURED’S STATEMENT			
NAME (First/Middle/Last)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
STREET ADDRESS	CITY	STATE	ZIP
		TELEPHONE NUMBER	
DATE YOU BECAME UNEMPLOYED	WHY DID YOU BECOME UNEMPLOYED?		
ARE YOU ELIGIBLE TO RECEIVE STATE UNEMPLOYMENT BENEFITS? Yes <input type="checkbox"/> No <input type="checkbox"/>	ARE YOU RECEIVING STATE UNEMPLOYMENT BENEFITS FOR THIS PERIOD OF YOUR UNEMPLOYMENT? Yes <input type="checkbox"/> No <input type="checkbox"/>		
IF YOU ARE NOT ELIGIBLE TO RECEIVE STATE UNEMPLOYMENT BENEFITS, PLEASE EXPLAIN WHY YOU ARE NOT ELIGIBLE <i>(If you have signed up with a state or local unemployment service, please provide us with a copy of the card)</i>			
AS OF THIS DATE, ARE YOU STILL UNEMPLOYED? Yes <input type="checkbox"/> No <input type="checkbox"/>	IF NOT, WHEN DID YOU RETURN TO WORK?		
<p>I. I certify that the above information is true and correct. I AUTHORIZE any employer, physician, hospital, insurer or other organization, or persons having any records, data or information concerning this claim to furnish such records, data or information to PLATEAU CASUALTY INSURANCE CO. or its authorized representative as requested. I understand that in executing this authorization, I waive the right for such information to be privileged. I agree any statements made on this form found to be false, shall give PLATEAU CASUALTY INSURANCE CO. the right to void my policy. A photocopy of this authorization shall be considered as effective and valid as the original.</p> <p>II. Certification – Under penalties of perjury, I certify that: (1)The number shown on this form is my correct taxpayer identification / social security number (or I am waiting for a number to be issued to me), and (2)I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.</p> <p>III. Certification Instructions – You must cross out item (2) above if you have been notified by IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.</p>			
SIGNATURE X			DATE

B. MOST RECENT EMPLOYER'S STATEMENT					
EMPLOYEE'S NAME (First/Middle/Last)			HIRE DATE	HIRE FOR <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL	
NUMBER OF HOURS WORKED PER WEEK		NUMBER OF MONTHS WORKED		EMPLOYMENT INTERRUPTED FROM _____ TO _____	
EMPLOYEE'S JOB DESCRIPTION AT TIME OF RELEASE					
REASON FOR INVOLUNTARY RELEASE					
NAME OF EMPLOYER				TELEPHONE NUMBER	
STREET ADDRESS		CITY		STATE	ZIP
COMPLETED BY (Please print)			TITLE		
SIGNATURE X _____				DATE	
C. PREVIOUS EMPLOYER'S STATEMENT (if most recent employment was less than 12 months)					
EMPLOYEE'S NAME (First/Middle/Last)			HIRE DATE	HIRE FOR <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL	
NUMBER OF HOURS WORKED PER WEEK		NUMBER OF MONTHS WORKED		EMPLOYMENT INTERRUPTED FROM _____ TO _____	
EMPLOYEE'S JOB DESCRIPTION AT TIME OF RELEASE					
REASON FOR INVOLUNTARY RELEASE					
NAME OF EMPLOYER				TELEPHONE NUMBER	
STREET ADDRESS		CITY		STATE	ZIP
COMPLETED BY (Please Print)			TITLE		
SIGNATURE X _____				DATE	
D. CREDITOR'S STATEMENT (to be completed by Creditor/Retailer that issued insurance certificate)					
CERTIFICATE NUMBER (include prefix)	DATE ISSUED	TERM (MONTHS)	AGENT'S CODE	BRANCH NUMBER	FORM NUMBER (of certificate)
ACCOUNT/LOAN NUMBER		POLICY EXPIRES	LOAN DATE	MONTHLY PAYMENT AMOUNT	
FIRST BENEFICIARY-CREDITOR		SIGNATURE OF AUTHORIZED REPRESENTATIVE X _____			DATE
STREET ADDRESS		CITY		STATE	ZIP
NOTE: ATTACH COPY OF POLICY OR LEDGER CARD INDICATING PREMIUM CHARGED.					

AFTER MAILING CLAIM, PLEASE ALLOW 15 DAYS FOR PROCESSING.

For assistance in completing this form or to check the status of your claim, please call 800-752-8328 or email propertyclaims@plateaugroup.com.