

WARNING: Any person who knowingly submits a request for benefits containing a false or deceptive statement is guilty of fraud and may be subject to criminal penalties.

REPORT OF INVOLUNTARY UNEMPLOYMENT

The furnishing of this form is neither an admission of protection or liability by the Financial Institution or a waiver of any rights or defenses. Exclusions from receiving involuntary unemployment benefits are listed in the Addendum.

INSTRUCTIONS:

After you have been unemployed beyond your required waiting period, the following steps should be followed:

- (1) Part 1 is to be completed by the Protected Borrower.
- (2) Part 2 is to be completed by the Financial Institution. An Addendum or loan/line of credit (LOC) number is required to consider benefits.
- (3) Part 3 is to be completed by the Employer.
- (4) If unemployment is due to a strike, have a Union Officer complete Part 4.
- (5) Return the completed Report of Involuntary Unemployment in the enclosed envelope or send to CSO at the address shown above.

We suggest that you keep in contact with your Financial Institution and make sure your account remains current.

PART 1 - PROTECTED BORROWER INFORMATION:

Name: _____ Phone Number: _____

Address (street, city, state, zip): _____

Social Security Number: _____ Date of Birth: _____

Name and telephone number of your employer or the Union Local? _____

Starting date of employment: _____ Occupation: _____ Last date employed: _____

Reason for unemployment: _____ Date first made aware of layoff or termination: _____

Have you returned to work? Yes No If Yes, on what date? _____

Employment information at time of loan: Employed By: _____ From _____ to _____ Address: _____ Phone Number: _____	Employment information at time of involuntary unemployment: Employed By: _____ From _____ to _____ Address: _____ Phone Number: _____
---	---

Are you a seasonal worker (a person whose occupation can be carried on only during certain seasons or fairly definite portions of the year)? Yes No

Are you self-employed or an independent contractor? Yes No

Is your unemployment due to a qualified strike? Yes No

Have you registered with a qualified employment agency or State Job Service? Yes No

If yes, what is the first date you registered with the agency (after you became unemployed)? _____

If your unemployment is not due to a strike, provide the following information in order for your request for benefits to be processed:

- A legible copy of the determination letter from your state unemployment office or a recognized employment office. You must file within 30 days of your unemployment date to be eligible for protection. The filing date must appear on the information we receive.
- Copies of state unemployment pay stubs, checks or proof of payment that you received state unemployment benefits during the waiting period.

**AUTHORIZATION TO OBTAIN INFORMATION
UNLESS ALL STATEMENTS ARE COMPLETED, FURTHER CONSIDERATION MAY BE DELAYED**

The information stated above is true and correct. I hereby authorize any employer, insurance company, government entity (federal, state or local) or other organization, institution or person that has any information, records or knowledge of my employment history, past or present, to furnish this information to Central States Health & Life Co. of Omaha as the Administrator for my Financial Institution (or its representatives) and to permit them to examine and copy any such information. I understand that my Financial Institution and the Administrator may disclose the information to business partners who have a legitimate business need to obtain the information in connection with benefits processing by the Administrator. I also authorize the Administrator to have access to my account for information that is necessary to process my request for benefits. A copy of this authorization, or the original, shall be valid for the duration of the benefits or 24 months from the date signed, whichever occurs first. I acknowledge that I have a right to a copy of this authorization upon request.

Date: _____ Protected Borrower's Signature: _____

Date of Birth: _____ Address (street, city, state, zip): _____

PART 2 - FINANCIAL INSTITUTION - LOAN / LOC INFORMATION: (If LOC, submit loan history for 2 months prior to the date of loss)

Financial Institution Name: _____
(Where the borrower sends their loan / LOC payments.)

Address (street, city, state, zip): _____ Phone Number: _____

Addendum Number: _____ Effective Date of Protection: _____ Term: _____

Loan / LOC Number: _____ Effective Date of the Loan / LOC: _____ Term: _____
(If different from Addendum Number)

Have loan extensions been granted on this Loan? Yes No

If Debt Cancellation Protection was offered through a dealer, please provide the Dealer's Name and a copy of the loan statement or payment coupon.

(Dealer Name)

(Financial Institution Officer's Signature) _____ (Date)

Printed Name: _____ Title: _____

PART 3 - EMPLOYER'S STATEMENT

Employee's Name: _____

What date was the employee hired? _____

Was the employee gainfully employed (actively working for wages or profit) at least 30 hours per week at the time of termination?
 Yes No

If no, how many hours per week? _____

How long prior to the date of unemployment was the employee gainfully employed (actively working for wages or profit) at least 30 hours per week? _____

Employee's last date of employment: _____ What date was the employee first made aware of layoff or termination? _____

Was the employee on any type of leave prior to the layoff or termination? Yes No If yes, type of leave? _____

Reason for termination: _____ Was the termination due to a willful or criminal act? Yes No

Is the employee a seasonal worker (a person whose occupation can be carried on only during certain seasons or fairly definite portions of the year)?
 Yes No

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Company Name: _____ Phone Number: _____

PART 4 - UNION OFFICER'S STATEMENT - Required only if unemployment is due to a strike.

Employee's Name: _____

The information in Part 1 agrees completely with our records, except as follows: _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____