



AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
ADMINISTERED BY AMERICAN NATIONAL INSURANCE COMPANY
CREDIT INSURANCE CLAIMS DEPARTMENT
P.O. BOX 4328, SPRINGFIELD, MO 65808-4328
PHONE NUMBER: 800-899-6502 FAX NUMBER: 409-766-2912
E-MAIL: CIDCLAIMSDEPT@AMERICANNATIONAL.COM

IUI INITIAL CLAIM FORM

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| <p>A. SUBMISSION OF AN INCOMPLETE OR UNSIGNED FORM MAY RESULT IN A DELAY IN PROCESSING YOUR CLAIM.</p> <p>B. Section I is to be completed by the Lienholder.</p> <p>C. Section II is to be completed by the Insured.</p> | <p>D. Section III is to be completed by the State Unemployment Office, which is handling your claim.</p> <p>E. Section IV is to be completed by the Employer.</p> <p>F. Attach a copy of your State Unemployment check stub.</p> <p>G. Return completed form to Dealer or Creditor. FAXES and e-mails are accepted; however, originals may be required at any time.</p> |
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Policy/Certificate Number

Section I STATEMENT OF LENDING INSTITUTION (Please attach a copy.)

Loan Number	Name of Debtor	Social Security Number	Age
Effective Date of Indebtedness	Termination Date	Identifiable Insurance Charge to Debtor:	
		\$	
Initial Total Indebtedness	Current Balance of Indebtedness	Insured Monthly Installment Payment \$	
\$			
Name of Creditor Payee	Address	City	State ZIP Phone Number

Branch Office No. _____ By: _____
Signature Title

Section II INSURED'S STATEMENT

1. Insured's Name _____ Phone Number _____ Date of Birth ___/___/___
2. Address _____ City, State, ZIP _____
3. Number of hours worked per week _____ On what date do you expect to return to work ___/___/___
4. Current Employer _____ Business Phone Number (_____) _____
5. Address _____ City, State, ZIP _____
6. Your Occupation _____ Employed from ___/___/___ thru ___/___/___

7. REASON FOR LEAVING (Check One):
- Layoff (other than seasonal) Lockout by Employer Seasonal Layoff (annual or routine) Terminated by Employer
 Left Voluntarily Retirement Sickness, Disability, or Pregnancy Union on Strike
 Other (Explain: _____)

8. Previous work history for the 24 months prior to your current employer:
- Previous Employer _____ Employed from ___/___/___ thru ___/___/___
- Previous Employer _____ Employed from ___/___/___ thru ___/___/___

STATEMENT FROM THE INSURED

I DO HEREBY ACKNOWLEDGE THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSE STATEMENTS MADE BY ME COULD BE REGARDED AS FRAUDULENT. ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I ALSO AUTHORIZE MY PREVIOUS EMPLOYER, UNION, STATE, OR PRIVATE UNEMPLOYMENT OFFICE TO PROVIDE AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY, AMERICAN NATIONAL INSURANCE COMPANY, OR ITS AUTHORIZED REPRESENTATIVE WITH ANY INFORMATION RELATIVE TO MY EMPLOYMENT HISTORY OR STATE UNEMPLOYMENT CLAIM AS IT RELATES TO THIS INSURANCE CLAIM.

Signature of Insured _____ Date ___/___/___

SECTION III**STATE UNEMPLOYMENT OFFICE VERIFICATION**

1. Insured's Name _____
2. Date unemployment began ____/____/____ Original date registered with your office ____/____/____
3. Reason for unemployment _____
- _____
- _____

4. Has individual qualified for FULL unemployment benefits? Yes No
5. Has individual continually been registered with your office? Yes No
6. If NO, date of break in registration: ____/____/____

_____ Title _____ Date ____/____/____

Authorized Signature _____

Address _____

City, State, ZIP _____

Phone Number (____) _____

SECTION IV TO BE COMPLETED BY YOUR EMPLOYER OR UNION REPRESENTATIVE

1. Employee's Name _____ Date Hired ____/____/____
2. Reason for interruption of employment _____
3. Circumstances leading to termination _____
- _____

4. Job-related injury Yes No Number of hours worked per week _____
5. Last day worked ____/____/____ Date returned to work ____/____/____
6. Has employee resumed full duties? Yes No If No, number of hours working per week _____
7. Employee's job title _____

Type of Employment: Full-Time Part-Time Seasonal

8. Brief description of duties _____
9. Is layoff: Temporary Permanent

Signature (Employer or Supervisor) _____ Date ____/____/____

Company Name _____

Address _____

City, State, ZIP _____

Phone Number (____) _____ FAX Number (____) _____



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PART 1: CONSENT FOR COMMUNICATION

Pursuant to the Gramm-Leach-Bliley Act, American National must adhere to certain guidelines in handling claims/benefit requests. Please read below and sign that you understand and give consent for the following:

I, _____, (Your Name) understand that I have filed a claim for benefits with American National.

() and hereby authorize any government agency, insurance company, or my past or present employers to speak to American National Insurance Company regarding my employment status;

() and hereby authorize my creditor, _____ (Creditor's Name), to speak with American National Insurance Company regarding my loan account;

PLEASE INITIAL THE SPACES () BY EACH PARAGRAPH THAT YOU HAVE READ AND UNDERSTAND EACH CONSENT.

The consent for communication shall remain valid through the life of the claim.

 Please sign your name _____
Date

PART 2: CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize American National to disclose to _____
 _____ (Name of person to whom disclosure can be made), relationship
 _____ (spouse, parent, child, etc.), the following information, including, but not
 limited to:

- Claim status
- The receipt of my claim forms and claim documents
- Subsequent payments on my claim

I understand the consent for the release of confidential information will remain in effect for a maximum of twelve (12) months from the date of signature below, at which time a new consent must be completed. I also understand that I may revoke the consent for the release of confidential information, in writing, at any time except to the extent that action has already been taken in reliance upon it.

 Please sign your name _____
Date

FRAUD WARNINGS/STATEMENTS

Alabama - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona - Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, West Virginia - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California - **For your protection California Law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**

Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

Delaware - Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho - Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky - Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maryland - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota - A person who files a claim with intent to defraud or helps commit fraud against an insurer is guilty of a crime.

New Hampshire - Any person who with a purpose to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - Any person who with 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.

Oregon - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Oklahoma - "WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony."

Pennsylvania - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Texas - Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Tennessee, Maine, Virginia, Washington - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.