



INSURANCE CLAIM

Member Information:

Name:	Date of Request:
Address:	
Telephone Numbers: (Mobile)	(Alternate)
Email address:	
Member No.	Loan Suffix No.

Claim Type:

DEBT PROTECTION

Guaranteed Asset Protection (GAP)

*Required documentation: Primary Insurance Carrier's Valuation Report & Insurance Settlement Breakdown

Date of Incident: _____

Credit Disability

*Required documentation: Doctor's Certification

Date of Disability: _____

Unemployment

*Required documentation: Letter of certification from employer

Date of Unemployment: _____

***For credit life claims please call us at 1-800-424-3334**

*Claim(s) will be submitted to CUNA Mutual for processing. If additional information is required, CUNA Mutual will contact you directly.

Signature: _____ Date: _____