

**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: \_\_\_\_\_