

Return Completed Form To:

Plateau Group West, Attn: Claims Department
8001 Conser Street, Suite 240, Overland Park, KS 66204
1-800-752-8328 Ext. (3085) or fax 1-931-459-3107

**Debt Protection
Request for Involuntary Unemployment Benefits**

Important Notes to Claimant

1. Please print throughout the form, and ensure that all fields are completed. An incomplete claim form will cause delay in assessment.
2. Complete Section I - Statement of Claimant
3. Have your last employer complete Section II - Statement of Employer
4. Have your lender complete Section III - Statement of Lender
5. Attach a copy of your state unemployment check(s), check stubs, and/or registration.
6. After 30 consecutive days of unemployment, mail this completed form to the address shown above.

I - Statement of Claimant

Claimant's Name: _____ Social Security #: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone #: () _____ Date Hired: _____ Date Last Worked: _____

Occupation and Duties: _____

Reason for Termination: _____

Was termination due to an authorized union strike or lockout? Yes No If "Yes," attach verification from union.

Last Employer's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Claimant's Statement of Authorization

By signing below, I declare that the above statements are complete and true to the best of my knowledge and belief. Upon presentation of the original or photocopy of this signed authorization, I authorize any employer to provide The Plateau Group, Inc. (PGI), the Program Administrator, with employment related information, and any physician, hospital, insurer, or other organization, or person having any records, data, or information concerning this claim to furnish such records, data, or information to PGI. I understand that such information will be used by PGI for the purpose of evaluating my claim for involuntary unemployment benefits and that PGI may make this information available to the Lender for audit purposes. I, or any authorized representative, will receive a copy of this authorization upon request. This authorization will expire in 180 days from the date signed. I may revoke this authorization by notifying PGI in writing of my desire to revoke it. If this authorization is revoked, PGI and/or the lender retain all of their contractual rights.

Claimant's Signature: _____ Date: _____

II - Statement of Employer (to be completed by the last employer)

Employee's Name: _____ Original Date of Employment: _____

Occupation and Duties: _____

Date of Termination: _____ Date Employee was Notified of Termination: _____

Reason for Termination: _____

Was this employee working at least 30 hours per week during the three-month period immediately preceding termination? Yes No

Did this employee cease work voluntarily? Yes No Was severance paid? Yes No If "Yes," for how many weeks? _____

Was this employee an independent contractor, self-employed, or a seasonal worker? Yes No

I certify that the above statements and answers are complete and true to the best of my knowledge and belief.

Employer's Name: _____ Telephone Number: () _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employer's Signature: _____ Title: _____ Date: _____

III - Statement of Lender

Lender's Name: _____ Reporting #: _____ Telephone Number: () _____

Address: _____ City: _____ State: _____ Zip Code: _____

Protected Borrower's Name: _____

Loan Number	Effective Date	Term of Loan	Monthly Benefit
			\$
			\$

Authorized Representative of Lender - Name: _____ Title: _____

Signature: _____ Date: _____