OneMain Solutions®

Underwritten by:
Triton Insurance Company
P.O. Box 2548, Fort Worth, TX 76113-2548
Toll Free 800-307-0048 / Fax 800-350-9582
insclaims@omf.com

Insured's Name: _____ Account/Policy # _____

Involuntary Unemployment Claim Form

Claim # _____
(if available)

Important Information

For Arizona residents only: "For your protection Arizona law requires the following statement to appear on the form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

For California residents only: "For your protection California law requires the following to appear on the form. 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."

For Pennsylvania residents only: "Any person who, with the intent to defraud, knowingly submits an application to or files a claim with an insurance company or other person containing false, incomplete, misleading or deceptive facts, statements or information may be guilty of insurance fraud which is a crime and subjects such person to civil and criminal penalties that can include fines and confinement in prison."

For residents of other states (NOTE: None of these notices apply to Oregon residents.): 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."

For New York residents only: **"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 state value of the claim for each such violation."**

Signature Date

INSTRUCTIONS

1. Send all pages of the claim form, completed, signed and dated by the appropriate parties to the Insurance Claims Department as shown above. For new claims only, if the current employer does not verify employment the full 12 months prior to the effective date of coverage, attach additional statements. If the previous employer(s) isn't willing or able to complete this section, check stubs, a payroll history printout or a work history printout from the State Employment Office or Social Security Office that covers this period, is acceptable.
2. If unemployment is due to layoff or termination, a state employment office Representative must complete the Statement of State Employment Office or Employment Agency section. Copies of state unemployment benefit checks or statements, covering the period of unemployment, may be submitted in lieu of this section.
3. If unemployment is due to strike or labor dispute, a Union Representative must complete the Statement of Union Office.
4. Keep a copy for your records. Please be aware email is not considered a secure method of delivery for personal/medical information.

Note: Altered forms cannot be accepted.

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Claim # _____
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Involuntary Unemployment Claim Form - Statement of Insured - To be completed by Insured

Mailing address **City** **State** **Zip**

Telephone # **Social Security #**

Email address (optional)

Last date employed ☐☐ / ☐☐ / ☐☐ **Date of hire** **Hours per week**

Reason for stopping work

- ☐ **Shortage of work**
- ☐ **Non-Weather Related Seasonal Lay-off**
- ☐ **Annual or Regularly-Scheduled Shutdown**
- ☐ **End of Employee Contract with Employer**
- ☐ **Other** _____
- ☐ **Employer Termination**
- ☐ **Weather Related Seasonal Lay-off**
- ☐ **Self-Employment Ended**
- ☐ **Independent Contractor Ended**
- ☐ **Became Disabled**
- ☐ **Retired**
- ☐ **Quit**
- ☐ **Military Discharge**

Have you returned to work? ☐ **Yes** ☐ **No** **If yes, date returned** **Days per week** **Hours per day**

Did you receive **Severance pay** ☐ **Yes** ☐ **No** **Vacation pay** ☐ **Yes** ☐ **No** **Sick pay** ☐ **Yes** ☐ **No** **If yes, how long?** **Date 1st notified of separation**

Are you
- ☐ **Not Registered for State Unemployment benefits** — **Reason not registered** _____
- ☐ **Registered but not Qualified for State Unemployment benefits** — **Reason not qualified** _____
- ☐ **Registered with the State Unemployment office and qualified for benefits**

Date of registration **Date 1st payment approved by State Unemployment Office**

Are you currently employed? ☐ **Yes** ☐ **No** **If yes, date of hire?** **Days per week** **Hours per day**

AUTHORIZATION

I authorize any employer or other individual or organization, having any records, files, reports, etc., concerning me to release the information to the Insurance Company or its duly authorized representative for the purpose of determining my eligibility for the benefits I have requested. This Authorization shall remain valid for my entire claim period. However, I have the right to revoke this authorization in writing within one year from the date of my signature. A photocopy of this authorization shall be as valid as the original.

I affirm the information I have provided herein is accurate and complete.

Signature **Date** ☐☐ / ☐☐ / ☐☐

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Claim # _____
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Involuntary Unemployment Claim Form - Statement of Employer - To be Completed by Employer

Date of hire _____

Last date employed ☐☐ / ☐☐ / ☐☐

Type of employment ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Temporary ☐ Independent Contractor

Typical months worked per year _____ **Hours worked per week** _____

Was / is the employee under an annual contract? ☐ Yes ☐ No **If yes, as of what date?** _____

Did employee receive

Severance pay	Vacation pay	Sick pay	If yes, how long?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	_____

Reason for stopping Work

- ☐ Shortage of work
- ☐ Non-Weather Related Seasonal Lay-off
- ☐ Annual or Regularly-Scheduled Shutdown
- ☐ End of Employee Contract with Employer
- ☐ Other _____
- ☐ Employer Termination
- ☐ Weather Related Seasonal Lay-off
- ☐ Self-Employment Ended
- ☐ Independent Contractor Ended
- ☐ Became Disabled
- ☐ Retired
- ☐ Quit
- ☐ Military Discharge

Date the employee was first notified of termination **Estimated return to work date**

_____

Has the person experienced previous interruption(s) in employment of 30 days or more? ☐ Yes ☐ No **If yes,**

From	Through	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer representative's signature **Date**

_____

Printed name **Title**

_____

Company name

_____

Mailing address **City** **State** **Zip**

_____

Email address **Telephone #** **Fax #**

_____

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Involuntary Unemployment Claim Form - Statement of State Employment Office or Employment Agency - To Be Completed By A State or Employment Agency

Copies of state unemployment benefit checks or benefit history, covering the period of unemployment, may be submitted IN LIEU of this section.

Last date employed **Initial registration date**

Reason for the unemployment

Has the individual remained actively registered? ☐ Yes ☐ No **If no, provide dates and reasons for the gaps in registration**

Does individual qualify for state unemployment benefits? ☐ Yes ☐ No **If no, why not?**

Did individual have a waiting or disqualification period? ☐ Yes ☐ No **If yes, reason and dates of waiting or disqualification period**

Signature of representative and date

Printed name **Title**

Name of office **Telephone #**

Statement of Union Office - To Be Completed By Your Local Union Office

To be completed by your local Union office ONLY if work stoppage is due to general strike, unionized labor dispute or a lockout.

Active member since **Date last worked**

Reason for separation from last employer **Date allowed to return to work**

Signature of representative and date

Printed name **Title**

Name of office **Telephone #**