

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: _____ **Claim Number:** _____
(if assigned)

Account/Policy Number: _____

Involuntary Unemployment Claim Form - 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 this 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 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 stated value of the claim for each such violation."

Signature _____ **Date** (mm/dd/yy) _____

For Pennsylvania residents only: "Any person who, with 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, with 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 or any insurance representative doing so to a policyholder or claimant with regard to a settlement or award payable from proceeds may be reported to the department of regulatory agencies and may be guilty of insurance fraud which is a crime and subjects such person to civil and criminal penalties that include fines and confinement in prison."

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: _____

Claim Number: _____
(if assigned)

Account/Policy Number: _____

Involuntary Unemployment Claim Form- Instructions

1

- ☐ 1. Fully complete, sign, and date Insured's Section **at least 30 consecutive days after your last day employed.**
- ☐ 2. Attach documents verifying the date you registered for work with the State Employment Office or recognized employment agency.
- ☐ 3. Attach documents verifying you **qualified** for State Unemployment benefits from the date you registered for work (if required in your Certificate of Insurance) and verification you **remained registered for work each 30 day period** during your claim.
Proof **may** include:
 - ☐ Copies of your state unemployment benefit history; **or**
 - ☐ Copies of state unemployment benefits check stubs or statements; **or**
 - ☐ Copies of your debit card/bank statements showing dated state benefit deposits

2

- ☐ Depending on your Certificate of Insurance's Eligibility statement(s), additional employment verification may be required.
- ☐ To avoid delays in processing your claim, it is important to submit a fully completed claim form, **signed and dated at least 30 consecutive days after your last day employed**, and required documentation. Altered claim forms may not be accepted.
- ☐ Please be aware email is not considered a secure method of delivery for personal/medical information.
- ☐ **Federal law requires a 1099 tax form be issued to customers receiving \$600 or more in benefits in a tax year.**

3

Please return your completed claim form and supporting documents to us in one of the following ways:



Email: insclaims@omf.com

Please be sure to include your name and account number/claim number in the subject line of your email.



Upload online:

www.OneMainSolutions.com/forms



Mail: OneMain Solutions
P.O. Box 2548
Fort Worth, TX 76113-2548



Fax: 800-350-9582

We are here to help!

See our website for Frequently Asked Questions (FAQs).
Our Customer Solutions team is available to assist you
Monday through Friday, 8:00 am to 8:00 pm ET.



Toll free:
800-307-0048



Chat:
www.OneMainSolutions.com



Text:
60223

Usted puede obtener la versión en español de este formulario de reclamación en el sitio web de OneMain Solutions - www.onemainsolutions.com - Find a Form

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:** _____ **Claim Number:** _____
(if assigned)**Account/Policy Number:** _____

Involuntary Unemployment Claim Form			
Insured's Section - To be completed by insured after being unemployed 30 days.			
Mailing address	City	State	Zip
Telephone number	Social security number		
Date last employed (mm/dd/yy)	Date 1 st notified of separation (mm/dd/yy)		
Type of employment (check all that apply) <div style="display: flex; justify-content: space-between; font-size: 0.9em;"><div><input type="checkbox"/> Full time <input type="checkbox"/> Union</div><div><input type="checkbox"/> Part time <input type="checkbox"/> Railroad</div><div><input type="checkbox"/> Seasonal <input type="checkbox"/> Independent contractor (1099 employee)</div><div><input type="checkbox"/> Temporary <input type="checkbox"/> Annual contract</div></div>			
Name of most recent employer	Employer telephone number		
Date of hire (mm/dd/yy)	Hours worked per week		
Reason for unemployment <div style="display: flex; flex-wrap: wrap; font-size: 0.85em;"><div style="width: 33%;"><input type="checkbox"/> Shortage of work/lay-off</div><div style="width: 33%;"><input type="checkbox"/> Employer termination</div><div style="width: 33%;"><input type="checkbox"/> Became disabled</div><div style="width: 33%;"><input type="checkbox"/> Non-weather related seasonal lay-off</div><div style="width: 33%;"><input type="checkbox"/> Weather related seasonal lay-off</div><div style="width: 33%;"><input type="checkbox"/> Quit/ Retired</div><div style="width: 33%;"><input type="checkbox"/> Annual or regularly scheduled shutdown</div><div style="width: 33%;"><input type="checkbox"/> Self-employment ended</div><div style="width: 33%;"><input type="checkbox"/> Strike/ Labor dispute</div><div style="width: 33%;"><input type="checkbox"/> End of contract with employer</div><div style="width: 33%;"><input type="checkbox"/> Employer's client's contract ended</div><div style="width: 33%;"><input type="checkbox"/> Reduced hours</div><div style="width: 33%;"><input type="checkbox"/> Other _____</div></div>			
In the last year, have you experienced a previous employment interruption of 30 days or more? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="display: flex; justify-content: space-between; font-size: 0.85em;"><div>From (mm/dd/yy) _____</div><div>Through (mm/dd/yy) _____</div><div>Reason for interruption _____</div></div>			
Are you	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Registered and qualified for State Unemployment benefits</div><div>Reason not qualified _____</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Registered but not qualified for State Unemployment benefits</div><div>Reason not registered _____</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Not registered for State Unemployment benefits</div><div>_____</div></div>		
Have you returned to any type of work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date returned (mm/dd/yy) _____ Hours working per week _____			
AUTHORIZATION: I authorize any employer or other individual or organization, having any records, files, reports, etc., concerning me to release the information to: Triton Insurance Company 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 by providing a signed and dated written notice to Triton Insurance Company. A photocopy of this authorization shall be as valid as the original. <i>I affirm the information I have provided herein is accurate and complete.</i>			
Signature _____ Date (mm/dd/yy) _____			

Important Notice from OneMain Financial About Credit Insurance Claims

If you apply for credit disability or credit involuntary unemployment insurance benefits, here's a look at what you can expect as your claim moves through the process and what you'll need to do to get the maximum benefits if your claim is approved.

File the Completed Claim Form(s) and Include All Required Documentation.

See Claim Form Instruction page for requirements.

While You're Waiting

When you file a claim, you're still responsible for making your monthly loan payments. **If you've scheduled recurring loan payments, they'll continue unless you stop them.**

When a claim is filed, the insurance company will get in touch with you once a claim decision has been made.

Although the insurance company strives to process claims as quickly as they can, sometimes gathering the information it needs can take some time. If you have filed a claim and it is approved, your benefits will be paid directly to us by the insurance company. Those benefit payments will be applied to your account as of the date they are received, unless otherwise required by law, for as long as you receive benefits.

Do You Need a Refund?

If a claim you submitted is approved, and you've already made loan payments for the period that the insurance company has covered causing your account to be paid ahead, you can ask OneMain Financial to refund the amount paid ahead. If you don't, the claim benefits will be applied as advance payments on your loan, which means your loan could be paid off before the end of your term, or before you've received all your potential credit insurance benefits.

If you find yourself in this situation, you can request a refund of the amount paid ahead on your account. To request a refund or if you have any questions, please get in touch with us by contacting your local OneMain Financial branch or by calling the telephone number listed on your statement.