

Triton Insurance Company

1420-380 Wellington Street

London, Ontario N6A 5B5

Toll Free 800-285-8623 | Fax 877-772-2623 | insclaims@omf.com

Insured's Name: _____ **Claim Number:** _____

Account Number: _____

Disability Continuing Claim Form - Instructions

1

- ☐ 1. Fully complete, sign, and date the Insured's Section
- ☐ 2. Attending Physician's Section should be completed, signed, and dated by your doctor.

2

- ☐ Depending on your Insurance Certificate's requirements, additional claim information may be required.
- ☐ Your Insurance Certificate may provide a limited number of Monthly Disability Benefits. The Maximum Number of Monthly Disability Benefits is listed in the Schedule on your Insurance Certificate.
- ☐ It is important to submit fully completed, signed, and dated claim forms to avoid delays in processing your claim. Altered claim forms may not be accepted.
- ☐ Keep a copy for your records. Please be aware email is not considered a secure method of delivery for personal/medical information.

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.tritoninsurancecompany.ca



Mail: Triton Insurance Company
1420-380 Wellington Street
London, Ontario N6A 5B5



Fax: 877-772-2623

We are here to help!

Our Customer Solutions team is available to assist you
Monday through Friday, 8:00 am to 8:00 pm ET.



Toll free:
800-285-8623

Triton Insurance Company

1420-380 Wellington Street

London, Ontario N6A 5B5

Toll Free 800-285-8623 | Fax 877-772-2623 | insclaims@omf.com

Insured's Name: _____ **Claim Number:** _____

Account Number: _____

Disability Continuing Claim Form			
Insured's Section - To be completed by insured.			
Mailing address	City	Province	Postal Code
Telephone number			
Have you returned to work? ☐ Yes ☐ No		If yes, date returned to work (mm/dd/yy)	
<i>I affirm the information I have provided herein is accurate and complete.</i>			
Signature _____		Date (mm/dd/yy) _____	
Attending Physician's Section - To be completed by attending physician.			
Completed without expense to the insurance company.			
Date patient unable to perform principal job duties due to total disability	From (mm/dd/yy)	Through (mm/dd/yy)	
Diagnosis			
Last visit date (mm/dd/yy)			
Approximate return to work date (mm/dd/yy) _____ ☐ 1-3 months ☐ 4-6 months ☐ 7 months or longer ☐ Never			
Attending physician's mailing address	City	Province	Postal Code
Telephone number	Fax number		
Attending physician's printed name			
Signature of attending physician			Date (mm/dd/yy)

**IMPORTANT NOTICE FROM
FAIRSTONE FINANCIAL INC.
CONCERNING YOUR PENDING INSURANCE CLAIM**

You recently applied for credit disability or credit job loss benefits from one of our insurance providers. We wanted to take a moment to make sure you understand the process and are aware of the steps you need to take to ensure you receive your maximum benefit if your claim is approved.

Continue to Make Payments

Until your claim for credit insurance benefits has been reviewed and approved, you are responsible for making your monthly payments. Please do not fall behind on your loan payments while your insurance claim is pending. You will be notified by the Insurance Company as soon as a decision is made.

Our Commitment

The Insurance Company is committed to processing your claim as quickly as possible. It is important that you file your claim forms and all required documentation in a timely fashion because if the insurance company has to gather the missing necessary information, it could add to the time it takes to process the claim.

If your claim is approved, the Insurance Company will begin making the payments on your behalf effective from the date of your eligibility. This ensures you do not miss out on any insurance benefits while your claim is being processed. Payments will continue to be made for as long as you submit the required claim forms and documentation in a timely manner and qualify for benefits.

Loan Term and Benefits

If you have made one or more loan payments that were also covered by the Insurance Company, you may request a refund of those payments from Fairstone Financial Inc..

If you do not request a refund, any covered payments that you have made will be applied as advance payments on your loan and could result in the loan being paid off before the end of your loan term and/or before you have received all of your potential insurance benefits.

If you have any questions or would like to request a refund, we're here to help. Please reach out to your local Fairstone Financial Inc. branch.

Thank you.