

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: _____

Job Loss Claim Form - Personal Information Authorization

I hereby authorize, consent, and direct any physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance company, employer, any workers compensation board, Employment and Social Development Canada or any other organization, institution, association or person that now has or may have in future any records or knowledge concerning me or my health, employment history, benefits paid or any related information to disclose to Triton Insurance Company, their authorized representatives and reinsurers, upon the request of Triton Insurance Company any such information that is material to the administration of my claim.

Information obtained in association with this authorization may be accessed by authorized individuals of Triton Insurance Company for the purposes of administration of my claim. Some of these individuals may be located outside of Canada. For Quebec residents, some of these individuals may be located outside of the province of Quebec. For more information regarding Triton Insurance Company's Privacy Policy, please refer to the Privacy of Personal Information Statement on our website.

This authorization shall be valid for the duration of the claim. I have the right to revoke this authorization by providing a signed and dated, written notice to the insurance company above. Once this authorization is revoked, protected health information subject to this authorization will not be used or disclosed except to the extent that this authorization has already been relied upon. A photocopy of this authorization shall be as valid as the original.

By signing and submitting this claim form on your own behalf, you give your consent to the collection, use and disclosure of personal information.

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

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Job Loss Claim Form - Instructions

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- ☐ 1. Sign and date the Personal Information Authorization.
- ☐ 2. Fully complete, sign, and date the Insured's Section **after** the initial 30 day waiting period has been met.
- ☐ 3. Provide a copy of your Record of Employment for this job loss.
- ☐ 4. Provide a copy of your Employment Insurance statement (EI).
- ☐ 5. Your Loan Protection Insurance Application and most recent transaction history must be provided by the lender.

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- ☐ Depending on your Insurance Certificate's requirements, additional claim information may be required.
- ☐ Your Insurance Certificate provides a limited number of Monthly Job Loss Benefits. The Maximum Number of Monthly Job Loss 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.

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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



Chat:
www.tritoninsurancecompany.ca

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

Account Number: _____

Job Loss Claim Form			
Insured's Section - To be completed by insured.			
Mailing address		City	Province Postal Code
Telephone number		Date of birth (mm/dd/yy)	
Date last worked (mm/dd/yy)		Date 1 st notified of separation (mm/dd/yy)	
Type of employment <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal			Total hours worked per week
Employer's name or if self employed, please state		Employer's telephone number	
Employer's mailing address		City	Province Postal Code
Date of hire (mm/dd/yy)		Did you receive severance pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Job loss		<input type="checkbox"/> Non-seasonal Lay-off/ Shortage of work <input type="checkbox"/> Annual or regularly-scheduled shutdown <input type="checkbox"/> End of contract <input type="checkbox"/> Other, please specify _____	
In the last 2 years, have you experienced an employment interruption of 30 days or more?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
From date (mm/dd/yy)		Through date (mm/dd/yy) Reason for interruption	
Registered for <input type="checkbox"/> Regular EI benefits <input type="checkbox"/> Other EI benefits <input type="checkbox"/> Not registered for EI benefits			
Date of registration (mm/dd/yy)		Date 1 st payment approved by EI (mm/dd/yy)	
Have you returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date returned (mm/dd/yy)	Hours working per week
<i>I affirm the information I have provided herein is accurate and complete.</i>			
Signature _____		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.