## **CITI® PAYMENT SAFEGUARD**

P.O. Box 901016 Fort Worth, TX 76101-9769

CLAIMS 2302

Telephone: 1-877-242-5987 (TTY: Use Relay Service) Fax: 1-817-820-5908

Account Number
Account number
INSTRUCTIONS FOR BENEFIT SUBMISSION
1) Fully complete (type or print) the information below, date and sign as indicated.
2) All dates must include the MONTH, DAY and YEAR.
3) Attach a copy of your insurance claim.
4) Attach a copy of your insurance policy.
5) Attach proof you paid your deductible.
6) Benefit processing may be delayed if all information is not provided.
Note: Altered forms will not be accepted. Please allow 15 days after mailing for processing fully completed benefit forms. If you have any questions call Payment Safeguard Processing Center toll free at 1-877-242-5987 (TTY: Use Relay Service).
CARDMEMBER'S INFORMATION
Cardmember's Address City State ZIP
Cardmember's Date of Birth Cardmember's Telephone #
Date of the Event  Date Deductible was Paid
Date of the Event  Date Deductible was Paid
Date of the Event  Date Deductible was Paid  Nature of Loss
Nature of Loss
Nature of Loss