AUTO/HOMEOWNER/RENTER'S DEDUCTIBLE BENEFIT FORM
Cardmember's First Name


Last Name

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Account Number



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## 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 |
| :--- |



## Cardmember's Date of Birth

$\square$


Cardmember's Telephone \#


Date of the Event
$\square$ / $\square$ /
$\square$

Date Deductible was Paid
$\square$


Nature of Loss $\square$
Name of Insurance Carrier $\square$
I certify that the foregoing statements, including any accompanying statements, are true, correct and complete to the best of my information, knowledge and belief. Any person who knowingly and with intent to defraud any corporation or person, files a statement containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent act, which is a crime, subject to criminal prosecution and civil penalties.

## Cardmember's Signature

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