Wage Protector® Program
Involuntary Unemployment Initial Claim Form
EMPLOYEE
Everest Reinsurance Company c/o Allied National - Claims Administrator
PO Box 29186
Shawnee Mission, KS 66201-9186

PLEASE READ BEFORE COMPLETING THIS DOCUMENT

- SUBMISSION OF AN INCOMPLETE OR UNSIGNED CLAIM FORM MAY
- RESULT IN A DELAY IN PROCESSING YOUR CLAIM.
- Insured must remain involuntary unemployed for the 30-day waiting period prior to submitting a claim.
- Insured's Statement is to be completed by the Insured.
- Attach a copy of State Unemployment check stub, approval letter, or denial letter.
- Insured should return completed Insured's Statement to Everest Reinsurance Company c/o Allied National - Claims Administrator, PO Box 29186, Shawnee Mission, KS 66021-9186.

Policy No. _____

INSURED'S STATEMENT

TO BE COMPLETED BY THE INSURED

1. Insured's Name _____
2. Address _____
3. City_____ State _____ Zip_____
4. Phone Number _____
5. Date of Birth _____/_____/_____
6. Employment:
   a. First Date Worked _____/_____/_____ Last Date Worked _____/_____/_____
   b. Number of Hours Worked Per Week _____
   c. Last Employer _____ Employer's phone _____
   d. Employer's address _____
      STREET ADDRESS CITY STATE ZIP
   e. Your Occupation _____ Specific Duties_____
   f. Employed from _____/_____/_____ through _____/_____/_____
   g. REASON FOR LEAVING (Check One):
      ☐ Layoff (other than seasonal) ☐ Lockout by Employer ☐ Seasonal Layoff (annual or routine) ☐ Released by Employer
      ☐ Left Voluntarily ☐ Retirement ☐ Sickness, Disability or Pregnancy ☐ Union on Strike
      ☐ Other (Explain): _____
   h. If you changed employers since the policy was issued, provide name, address and phone number of prior employer _____
      _____

STATEMENT FROM THE INSURED

I DO HEREBY ACKNOWLEDGE THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSE STATEMENTS MADE BY ME COULD BE REGARDED AS FRAUDULENT.

Signature of Insured _____ Date _____/_____/_____

For information or to check claim status, call 800-825-7531.

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I ALSO AUTHORIZE MY CURRENT AND PREVIOUS EMPLOYER, UNION, STATE OR PRIVATE UNEMPLOYMENT OFFICE TO PROVIDE EVEREST REINSURANCE COMPANY C/O ALLIED NATIONAL INSURANCE COMPANY OR ITS AUTHORIZED REPRESENTATIVE, WITH ANY INFORMATION RELATIVE TO MY EMPLOYMENT HISTORY OR STATE UNEMPLOYMENT CLAIM AS IT RELATES TO THIS INSURANCE CLAIM.

Signature of Insured _____ **Date** _____/_____/_____