

Unpaid Family Leave / Lifetime Milestone Claims Package

IMPORTANT: If you have access to a printer, proceed to the next page.

If you do not have access to a printer, you may submit this claim package electronically, provided that we receive a copy of your photo ID and signature, as outlined below.

CLIENT VALIDATION

In lieu of my actual signature, I have attached my valid photo ID and signature page to this claim package. My photo ID and signature provide any and all authorizations and permissions detailed on the claim form.

INSTRUCTIONS:

1. Complete the electronic claim form, and save it as a file on your computer or phone.
2. On a separate piece of paper:
 - a) Write the following Claim/Policy Number:
**Unpaid Family Leave / Lifetime Milestone
Line of Credit Protection Plan #LOC001-CM01**
 - b) Place your Photo ID on the paper
 - c) Sign and date the paper
 - d) Take a photo of the paper

Email the completed claim form and the ID photo to:

claims@premiumservicesgroup.ca

Example:



Jane Doe

March 23, 2022

Unpaid Family Leave & Lifetime Milestone Claims Package

IMPORTANT!

Canadian Premier General Insurance Company is pleased to provide you with this claims package. There are some important points we would like to bring to your attention, to ensure that the claim is processed as fast as possible:

1. Please ensure that every field is **fully** completed by yourself, and your employer (if applicable).
2. Please ensure that you enter your email address in “Section 1: Claimant’s Information”. With your consent, our authorized administrator PSG will send most claims communications by email to you, and we want to be sure that you are always up to date with the status of the claim.
3. On the last page of this claims package is the ‘What Happens Now’ section. Please read this section so you know exactly what to expect with the claim, and specifically the last section that requires your signature acknowledging you must return this claims package within **five** business days.

Before submitting the claims package, please ensure that you thoroughly go over the ‘Claims Checklist’ on page 2 of this claims package to ensure you have everything complete and your supporting documentation is attached. While email is preferred, you can always submit your completed claims package to our authorized administrator PSG using any of the four methods below:

1. **Email:** claims@premiumservicesgroup.ca
2. **Claims Fax:** 1.888.341.4888
3. **Mail:** Premium Services Group
300- 495 Richmond St.,
London ON N6A 5A9
4. **Upload by Lender:** If you choose, you may request that the Lender upload the claims package directly on your behalf by completing the Consent Form below.

STORE STAFF: If you are submitting the claims package on behalf of the customer, DO NOT email the claims package directly to PSG. Scan the documents and send them from the scanner directly to the internal claims department at claims@cashmoney.ca to ensure the information is securely uploaded to PSG.

CONSENT FORM

To: _____ [Name of lender] (the “Lender”)

I hereby confirm that I have requested that the Lender scan and submit certain claims and other related forms (the “Forms”) to Canadian Premier General Insurance Company (and its authorized administrator: Premium Services Group Inc. (“PSG”)), on my behalf. I consent to the collection, use and disclosure of my personal information contained in the Forms by the Lender for the purpose of uploading and transmitting such Forms to the Insurer (including PSG), provided that the Lender shall either return to me or securely destroy the Forms following such transmission and shall not retain any personal information contained in the Forms.

I acknowledge and agree that you are submitting the attached claims documents I have provided to you as a courtesy only. You will not be liable to me for any financial loss, damages, expenses, inconvenience or any other type of loss I may suffer due to: your failure or your service provider’s failure to transmit the documents to the claims administrator, including your failure to transmit the documents in a timely manner; or if any of the documents provided to you are lost, intercepted, altered or misused by someone else. Also, you will not under any circumstances be liable to me for any indirect, consequential, punitive or exemplary damages of any kind, even if you were advised of the possibility of such losses or were negligent. These limitations apply to you, your officers, directors, affiliates, employees and agents, regardless of the form or the basis of action, including a cause of action in contract, tort (including negligence), statute or any other doctrine of law.

Claimant Name (please print)

Claimant Signature

Date (month/day/year)

Cash Money is not the insurer and plays no part in determining coverage, claims adjudication or disposition.

Canadian Premier General Insurance Company
Unpaid Family Leave / Lifetime Milestone Claims Package

Authorized Administrator for Canadian Premier General Insurance Company (“Canadian Premier”)

Premium Services Group
 300- 495 Richmond St.,
 London ON N6A 5A9

Claims Info: **1-855-755-2430**
 Claims Fax: **1-888-341-4888**
 Claims Email: **claims@premiumservicesgroup.ca**

Claim Information

Date: _____ (dd/mm/yy) No. of Pages: _____ (incl. cover)
 Cash Money Contact: _____ E-mail: _____
 Phone: _____ ext. _____ Fax: _____
 Claimant’s Name: _____

Claims Checklist

Please note that ALL claims information must be received in order to process the claim

(Please check boxes when completed)

Claims Package completed in full? <i>Section 1, Section 2A (if applicable) or Section 2B</i>	
Copy of line of credit documents as of the date of claim?	
Additional Information included? e.g. ROE and other supporting documentation (if applicable)	

IMPORTANT

1. Canadian Premier must be notified at the offices of PSG within **30 days** of your unpaid family leave or lifetime milestone event.
2. The completed claims package must be submitted to PSG at the address indicated above within **90 days** of the date of your unpaid family leave or lifetime milestone event

Submitted By:	Please Note
Cash Money	<ul style="list-style-type: none"> • Please watch for a confirmation email from PSG
Claimant	<ul style="list-style-type: none"> • Please ensure your complete claims package is faxed/emailed to the contact information above for PSG • Please watch for email confirmation from PSG that the claims package was received (If you are sending photographs of the claims package, please ensure that your photographs are clear)

Unpaid Family Leave / Lifetime Milestone Support

Line of Credit Protection Plan #LOC001-CM01

Reason for Claim:

Unpaid Family Leave - Complete **Section 1**, and **Section 2A** OR **ROE** Lifetime Milestone - Complete **Section 1** and **Section 2B**

Section 1: CLAIMANT'S INFORMATION

(To be completed by the Insured/Claimant - Please Print Clearly)

Claimant's Name _____
(Last) (First) (Initial)

Claimant Email:

In order to process the claim as efficiently as possible, most written communication is sent via email. By providing your email above, you consent to receiving information related to your claim from PSG. Please ensure you check all mailboxes for emails from PSG at the domain @premiumservicesgroup.ca

Address _____
(Number, street, apartment number) (City) (Prov.) (Postal code)

Telephone No. () _____ Sex M F Date of Birth (mm/dd/yyyy) _____

Name of Employer _____ Occupation _____

Address _____
(Number, street, unit number) (City) (Prov.) (Postal code)

Date of Hire (mm/dd/yyyy) _____ Last Day Worked (mm/dd/yyyy) _____ Hours Worked per Week _____

PRIVACY NOTICE: The information provided in this claims package and otherwise in respect of this claim, is required by Canadian Premier General Insurance Company, its reinsurers and authorized administrators (the "Insurer") to assess this claim. For these purposes, the Insurer will also consult its existing insurance files, collect additional information from the claimant and where required, collect information from and exchange information with, third parties. Limited information related to the status of the claim and the amount of the debt will be exchanged with the creditor who is the beneficiary under this plan, strictly for the purpose of administering insurance benefits. Medical information will not be provided to the creditor without an additional specific authorization to that effect.

Special authorization: By checking this box I authorize the Insurer to release non-medical details to Cash Money regarding my claim decision.

AUTHORIZATION: I authorize, for a period of not more than 24 months from the date hereof, any employer, physician, practitioner, health care professional, hospital, health care institution, and any other medical or medically related facility, any insurance or reinsurance company, Workers' Compensation Board, HRDC or similar plan or organization, federal, territorial or provincial government department, or any other corporation or organization, institution or association possessing records or knowledge of me to release and exchange with the Insurer all personal health information, benefit payment, employment or financial information about me or in its possession that is requested while administering this claim. A photocopy or facsimile of this authorization is as valid as the original. I have provided my personal email address above for the purpose of receiving communication regarding this claim. I give the Insurer permission to communicate the details about this claim using the email address provided. I understand why I have been asked to disclose this information and the risks and benefits of consenting or refusing to consent. I understand that I can withdraw my consent at any time, but that if I do, the Insurer will not be able to assess my claim and will not pay benefits.

Claimant's Name

Signature

Date Signed

Unpaid Family Leave Support
Line of Credit Protection Plan #**LOC001-CM01**

Section 2A: EMPLOYER'S STATEMENT
(Only to be completed if claiming Unpaid Family Leave Support and if an ROE is not submitted)

Employee's Name _____
(Last) (First) (Initial)

Reason for Employee's absence from work _____

Is this absence: with pay without pay

Employee's first day worked (mm/dd/yyyy) _____

Employee's last day worked (mm/dd/yyyy) _____ Return to Work Date (mm/dd/yyyy) _____

Name of Employer _____

Employer's Address _____
(Number, street, unit number) (City) (Prov.) (Postal code)

Name of Authorized Official _____ Title of Authorized Official _____

Contact Telephone Number (_____) Fax Number (_____)

Declaration: I declare that the information provided on this form, concerning the Employee and his/her employment, is true to the best of my knowledge.

Employer's Signature _____ **Date Signed** _____

Lifetime Milestone Support
 Line of Credit Protection Plan #LOC001-CM01

Section 2B: Supporting Documentation for Lifetime Milestone Support (Please select one of the following and provide the supporting documentation required with the completed claims package)		
Lifetime Milestone Claimed (select one)		Supporting Documentation Required
<input type="checkbox"/>	Retirement	Letter from your employer indicating retirement or, your Record of Employment showing employment status
<input type="checkbox"/>	Purchase of a home used as a principal residence	Real estate purchase agreement or deed of trust
<input type="checkbox"/>	Birth or adoption of a child	Birth certificate or adoption papers
<input type="checkbox"/>	Marriage	Marriage certificate
<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Post Secondary graduation or professional certification/designation	Degree/Diploma or documentation of professional certification/designation
<input type="checkbox"/> You <input type="checkbox"/> Spouse	First employment after graduation or professional certification/designation	1. Degree/Diploma or documentation of professional certification/designation; and 2. Copy of signed employment agreement
<input type="checkbox"/>	Final Payment of your mortgage	Mortgage statement showing final payment
<input type="checkbox"/>	Attending an apprentice program at a school for trades and apprenticeship	1. Confirmation of enrollment and payment; and 2. Statement from your employer, or Record of Employment (if applicable)

Canadian Premier General Insurance Company
Unpaid Family Leave / Lifetime Milestone Support

What Happens Now?

Claim is Sent to Canadian Premier's Authorized Administrator: PSG

- Upon receipt of the claims package PSG will provide receipt of confirmation to Cash Money via claims portal
- If the claim is sent directly to PSG by the claimant, PSG will send email confirmation to both Cash Money and Customer.
- If confirmation is not received within 24 hours, **please resend the claims package or contact PSG immediately.**

Claim is Processed by PSG

- Once ALL required documents are received, claims processing takes 48-72 hours
- If any documentation is missing from the claims package you will be notified by email

Claim is Approved

- **Once the claim has been approved:**
 - **Immediately:** a one-time payment based on your payment mode, equal to 3 monthly, 6 semi-monthly, 6 bi-weekly or 12 weekly installments will be paid to Cash Money to be applied to your line of credit.

Claim is Declined

- If the claim is declined, you will notified in writing.
- Should you wish to dispute any decision made, you may contact Canadian Premier's administrator, PSG at 1-855-755-2430

Please note: If you have any concerns with the handling of your claim or other related matters of service or concern, you may contact Canadian Premier General Insurance Company directly at the address below or at 1-800-763-1300 or online at <https://www.canadianpremier.ca/complaints/>

IMPORTANT

Please note that you are required to make your line of credit payments while your claim is being adjudicated and until any benefit payments are received by Cash Money, in order to avoid additional interest and fees from accumulating. **Claim Benefits do NOT include any late penalty or arrears interest.**

Furthermore, if the completed documents are not received within the five (5) business days, Canadian Premier will assume that you have decided not to proceed with your claim and all late fees and interest will be accrued back to the date your last payment was due.

Claimant Signature: _____