

**Minnesota Life Insurance Company
Securian Casualty Company**

c/o Summit Administrators Inc.
110 West Rosamond • Houston, TX 77076-3919 • 800.275.3414 • FAX 713.694.0298

UNEMPLOYMENT CLAIM FORM

Mail or fax completed form and any attachments to 713.694.0298

All benefit payments are paid directly to your creditor.

ELIGIBILITY NOTICE

To qualify for involuntary unemployment benefits, you must first verify that you were employed continuously during a PERIOD immediately before the effective date of your insurance certificate. Also, this employment must have been for salaries or wages and you must have been working at least 30 hours per week.

To obtain the length of your QUALIFICATION PERIOD, please refer to your certificate of insurance or contact the Financial Institution (creditor, retailer) where the insurance was purchased.

Verification of continuous employment during the QUALIFICATION PERIOD may require statement from more than one previous employer.

INSTRUCTIONS

If the needed sections are not complete or if the attachments are not attached, the processing of the claim will be delayed.

(Check box after each item is completed.)

AFTER 30 CONSECUTIVE DAYS OF UNEMPLOYMENT

- 1. Read Eligibility Notice
- 2. Complete Section A
- 3. Have your **Employer** complete Section B
- 4. Attach a copy of **your state determination letter, unemployment check stub(s), unemployment debit card statement(s) or Registration Card from a recognized Employment Agency or Job Service** for the dates you are claiming.

FAILURE TO COMPLETE REQUIRED SECTIONS AND PROVIDE REQUESTED DOCUMENTATION WILL DELAY PROCESSING OF YOUR CLAIM.

- **To avoid late fees, continue to make your payments until you receive notification that your claim has been approved.**
- If your claim is approved, a continuing claim form must be submitted every 30 days for additional payments to be made.
- After mailing your claim, please allow 15 business days for processing.

CA residents only: For your protection California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CREDITOR:

Daniel's Jewelers
P O Box 3750
Culver City, CA 90231

A. CLAIMANT'S STATEMENT	PLEASE PRINT
--------------------------------	---------------------

NAME OF CLAIMANT		DATE OF BIRTH		CLAIMANT'S EMAIL ADDRESS (IF AVAILABLE)	
STREET ADDRESS/APT #		CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
LAST DATE WORKED	REASON FOR INTERRUPTION OF EMPLOYMENT <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Assignment Ended <input type="checkbox"/> Retired <input type="checkbox"/> Quit <input type="checkbox"/> Resigned <input type="checkbox"/> Disability <input type="checkbox"/> Other _____				
ARE YOU RECEIVING STATE UNEMPLOYMENT BENEFITS FOR THIS PERIOD OF YOUR UNEMPLOYMENT <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YOU ARE NOT RECEIVING STATE UNEMPLOYMENT BENEFITS, PLEASE EXPLAIN WHY (If you have signed up with a state or local employment service, please provide us with a copy of the card)			
HAVE YOU RETURNED TO WORK <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		DATE RETURNED TO WORK		# OF HOURS PER WEEK	
IF YOU HAVE PREVIOUSLY FILED A CLAIM WITH US, PLEASE INDICATE THE DATE YOU RETURNED TO WORK FROM THAT LOSS					

I. Certification - Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions - You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also, see **Signing the Certification under Specific Instructions**.) Instructions will be mailed upon request.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

WARNING: *Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties. **For Fraud Statements, see page 1.**

CLAIMANT'S SIGNATURE X	SOCIAL SECURITY NUMBER - -	DATE
----------------------------------	--	------

B. MOST RECENT EMPLOYER'S STATEMENT	PLEASE PRINT
--	---------------------

TO BE COMPLETED BY EMPLOYER ONLY			
EMPLOYEE'S NAME (FIRST/MIDDLE/LAST)		DATE OF HIRE	HIRED FOR <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
NUMBER OF HOURS WORKED PER WEEK	NUMBER OF MONTHS WORKED	EMPLOYMENT INTERRUPTED Last Day Worked Date Returned to Work	
EMPLOYEE'S JOB TITLE			
REASON FOR INTERRUPTION OF EMPLOYMENT <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Disability <input type="checkbox"/> Assignment Ended <input type="checkbox"/> Retired <input type="checkbox"/> Other _____			
NAME OF EMPLOYER		TELEPHONE NUMBER ()	EXTENSION
STREET ADDRESS		CITY	STATE ZIP CODE
COMPLETED BY (PRINT NAME)		SIGNATURE X	DATE