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WE ARE HERE TO SERVE!**Please take note of the following information on how to submit a claim to Assurant.**

- If required, use a separate sheet of paper to include the name and account numbers of any other insurance you have with Assurant.
- To avoid any delays with your claim, review the forms to make sure you've included all documentation required and have duly signed all forms.
- We recommend that you save copies of all documentation submitted to us for review.

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FOR LIFE COVERAGE CLAIMS

- Include the Death Certificate with cause of death.
- Complete and sign sections 1 and 3.
- Have the financial institution that holds your loan complete Section 2. This section can be substituted for a letter of payoff that includes all the information required on this section.
- If you would like to authorize a third-party to manage the claim for you, you should fill the "Verbal Information Disclosure" included in Section 3. This authorization will allow them to discuss your claim with any Assurant representative if you are unavailable.

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SEND US THE COMPLETED FORMS AND ALL SUPPORTING DOCUMENTATION BY:**Mail**

350 Carlos Chardón Ave.
Torre Chardón Suite 1101
San Juan, PR 00918

**Email:**

reclamaciones@assurant.com

**Online by visiting:**

claimspr.assurant.com

Once your claim has been received, please allow 15 business days for processing.
All benefit payments are paid directly to the creditor.

NEED HELP?

Visit claimspr.assurant.com
24 hours a day, 7 days a week or
call our toll-free number 1-800-981-8888
We're available Monday through Friday from 8:00 am to 5:00 pm



THIS SECTION IS REQUIRED TO EVALUATE YOUR CLAIM. Please complete the form in legible font.

NAME OF FINANCIAL INSTITUTION		LOAN NUMBER				
NAME OF INSURED		DATE OF BIRTH	_____ MONTH	_____ DAY	_____ YEAR	AGE
PHYSICAL ADDRESS						
MAILING ADDRESS						
FULL SOCIAL SECURITY NUMBER						
WHAT ARE THE NAMES AND ADDRESSES OF OTHER DOCTORS THAT TREATED THE INSURED IN THE PAST (USE ADDITIONAL PAPER IF NECESSARY)						
DOCTOR'S NAME				PHONE NUMBER		
PHYSICAL ADDRESS						
TREATMENT DATE		DIAGNOSIS				
DOCTOR'S NAME				PHONE NUMBER		
PHYSICAL ADDRESS						
TREATMENT DATE		DIAGNOSIS				
COMPLAINT NUMBER FOR THE POLICE REPORT, IF IT APPLIES;						

CLAIMANT'S INFORMATION

CLAIMANT'S FULL NAME		FULL SOCIAL SECURITY NUMBER	
CLAIMANT'S ADDRESS		RELATIONSHIP WITH THE INSURED	
MOBILE NUMBER	SECONDARY NUMBER	ALTERNATE NUMBER	
DO YOU AUTHORIZE US TO SEND YOU EMAILS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL ADDRESS			

WE AND OTHERS ACTING ON OUR BEHALF MAY USE THE INFORMATION WE GATHER TO OPERATE OUR PRODUCT AND OUR SERVICE. FOR EXAMPLE, WE MAY USE THE INFORMATION WE COLLECT OR RECEIVE TO TRY AND CONTACT YOU THROUGH EMAIL TO PROVIDE SUPPORT AND ASSISTANCE DURING THE CLAIM PROCESS, AS PERMITTED BY LAW.

SECTION 2: CREDITOR'S DECLARATION

To be completed by financial institution. Please attach a copy of the certificate if its available.

NAME OF THE FINANCIAL INSTITUTION	NAME OF THE BRANCH WHERE THE INSURANCE WAS PURCHASED

BRANCH ADDRESS

LOAN NUMBER	LOAN TERM	APR%

EFFECTIVE DATE	FIRST PAYMENT'S DUE DATE	EXPIRATION DATE
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____ MONTH DAY YEAR

ORIGINAL LOAN AMOUNT	\$ _____
NET PAY-OFF BALANCE AT THE DATE EVENT OCCURREED.....	\$ _____
UNEARNED INTEREST AT THE DATE EVENT OCCURRED	\$ _____
MONTHLY PAYMENTS	\$ _____
PRE-PAID PAYMENTS	\$ _____
AMOUNT CLAIMED TO THE COMPANY.....	\$ _____
OVERDUE PAYMENTS	\$ _____

"I certify that all the information provided here is correct and reliable."

NAME	CONTACT NUMBER
SIGNATURE	_____ MONTH DAY YEAR

If you are unable to provide an original signature, please read and complete the following section to confirm your consent:

I declare I have provided reasonable and relevant information with regards to the life claim form that the insured is about to submit. I authorize, confirm and I am aware that the information provided in this form is being certified and that said certified information is necessary to process the insured's claim. Furthermore, I certify I have read and completed in all its parts the section of the form that applies to me, and understand all certified information and its representations I have provided are true, complete and correct, and that I have taken all reasonable steps to ensure the accuracy of the information.

In witness whereof, I sign this declaration by checking the box here provided.

SECTION 3: VERBAL INFORMATION DISCLOSURE

It is important for us to safeguard the privacy of our customers and protect private and confidential information. We also understand that, on occasion, a claimant may want to authorize third parties to speak with Assurant on their behalf. Please complete this authorization section so others can discuss details of your claim. Without this authorization we cannot talk to anyone except the claimant.

I authorize Assurant to speak with _____, who is my _____, about my claim.

RESPONSIBILITY FOR FRAUDULENT INFORMATION

ANY PERSON who knowingly and with the intention to commit fraud provides false information in an insurance application, or submits, helps or causes the submission of a fraudulent insurance claim for the payment of a loss or any other benefit, or submits more than one claim for the same damage or loss, will incur in a felony and, upon conviction thereof, shall be punished, for each violation, with a fine not less than five thousand (\$5,000) dollars, nor greater than ten thousand (\$10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravating circumstances are present, the fixed penalty established could be increased up to a maximum of five (5) years; if attenuating circumstances are present, the penalty could be reduced to a minimum of two (2) years.

CLAIMANT'S SIGNATURE

SIGNATURE	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; width: 30px;"></div> <div style="border-bottom: 1px solid black; width: 30px;"></div> <div style="border-bottom: 1px solid black; width: 30px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MONTH DAY YEAR </div>
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