



**AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY  
 ANPAC LOUISIANA INSURANCE COMPANY  
 ADMINISTERED BY AMERICAN NATIONAL INSURANCE COMPANY  
 CREDIT INSURANCE CLAIMS DEPARTMENT  
 P.O. BOX 4328, SPRINGFIELD, MO 65808-4328  
 PHONE NUMBER: 800-899-6502 FAX NUMBER: 409-766-2912  
 E-MAIL: CIDCLAIMSDEPT@AMERICANNATIONAL.COM**

**IUI INITIAL CLAIM FORM**

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|---|---|
| <p><b>A. SUBMISSION OF AN INCOMPLETE OR UNSIGNED FORM MAY RESULT IN A DELAY IN PROCESSING YOUR CLAIM.</b></p> <p><b>B. Section I is to be completed by the Lienholder.</b></p> <p><b>C. Section II is to be completed by the Insured.</b></p> | <p><b>D. Section III is to be completed by the State Unemployment Office, which is handling your claim.</b></p> <p><b>E. Section IV is to be completed by the Employer.</b></p> <p><b>F. Attach a copy of your State Unemployment check stub.</b></p> <p><b>G. Return completed form to Dealer or Creditor. FAXES and e-mails are accepted; however, originals may be required at any time.</b></p> |
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**Policy/Certificate Number**

**Section I STATEMENT OF LENDING INSTITUTION (Please attach a copy.)**

<b>Loan Number</b>	<b>Name of Debtor</b>	<b>Social Security Number</b>	<b>Age</b>
<b>Effective Date of Indebtedness</b>	<b>Termination Date</b>	<b>Identifiable Insurance Charge to Debtor:</b>	
		\$	
<b>Initial Total Indebtedness</b>	<b>Current Balance of Indebtedness</b>	<b>Insured Monthly Installment Payment \$</b>	
\$			
<b>Name of Creditor Payee</b>	<b>Address</b>	<b>City</b>	<b>State</b>
		<b>ZIP</b>	<b>Phone Number</b>

Branch Office No. \_\_\_\_\_ By: \_\_\_\_\_  
 Signature Title

**Section II INSURED'S STATEMENT**

- Insured's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_
- Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_
- Number of hours worked per week \_\_\_\_\_ On what date do you expect to return to work \_\_\_/\_\_\_/\_\_\_
- Current Employer \_\_\_\_\_ Business Phone Number (\_\_\_\_\_) \_\_\_\_\_
- Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_
- Your Occupation \_\_\_\_\_ Employed from \_\_\_/\_\_\_/\_\_\_ thru \_\_\_/\_\_\_/\_\_\_

7. REASON FOR LEAVING (Check One):
- Layoff (other than seasonal)  Lockout by Employer  Seasonal Layoff (annual or routine)  Terminated by Employer
- Left Voluntarily  Retirement  Sickness, Disability, or Pregnancy  Union on Strike
- Other (Explain: \_\_\_\_\_)

8. Previous work history for the 24 months prior to your current employer:
- Previous Employer \_\_\_\_\_ Employed from \_\_\_/\_\_\_/\_\_\_ thru \_\_\_/\_\_\_/\_\_\_
- Previous Employer \_\_\_\_\_ Employed from \_\_\_/\_\_\_/\_\_\_ thru \_\_\_/\_\_\_/\_\_\_

**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. ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I ALSO AUTHORIZE MY PREVIOUS EMPLOYER, UNION, STATE, OR PRIVATE UNEMPLOYMENT OFFICE TO PROVIDE AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY, AMERICAN 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 \_\_\_/\_\_\_/\_\_\_

**SECTION III****STATE UNEMPLOYMENT OFFICE VERIFICATION**

1. Insured's Name \_\_\_\_\_
2. Date unemployment began \_\_\_\_/\_\_\_\_/\_\_\_\_ Original date registered with your office \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Reason for unemployment \_\_\_\_\_

4. Has individual qualified for FULL unemployment benefits?  Yes  No
5. Has individual continually been registered with your office?  Yes  No
6. If NO, date of break in registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 Authorized Signature Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

**SECTION IV TO BE COMPLETED BY YOUR EMPLOYER OR UNION REPRESENTATIVE**

1. Employee's Name \_\_\_\_\_ Date Hired \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Reason for interruption of employment \_\_\_\_\_
3. Circumstances leading to termination \_\_\_\_\_

4. Job-related injury  Yes  No Number of hours worked per week \_\_\_\_\_
5. Last day worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Date returned to work \_\_\_\_/\_\_\_\_/\_\_\_\_
6. Has employee resumed full duties?  Yes  No If No, number of hours working per week \_\_\_\_\_

7. Employee's job title \_\_\_\_\_

Type of Employment:  Full-Time  Part-Time  Seasonal

8. Brief description of duties \_\_\_\_\_
9. Is layoff: Temporary  Permanent

Signature (Employer or Supervisor) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ FAX Number (\_\_\_\_) \_\_\_\_\_

## FRAUD WARNINGS/STATEMENTS

**Alabama** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Alaska** - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona** - Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas, Louisiana, Rhode Island, West Virginia** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California** - 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.

**Colorado** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

**Delaware** - Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Idaho** - Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Indiana** - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota** - A person who files a claim with intent to defraud or helps commit fraud against an insurer is guilty of a crime.

**New Hampshire** - Any person who with a purpose to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey** - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico** - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**Ohio, Oregon** - Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma** - "WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony."

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Texas** - Any person who knowingly presents a 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.

**Tennessee, Maine, Virginia, Washington** - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.