



**CREDITOR NOTIFICATION OF DISABILITY**

**REQUEST FOR CLAIM FORM**

Claimant's Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Date of Last Premium Pmt: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
 \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Disability: \_\_\_\_\_

**LOAN(S) INFORMATION**

**NOTE:** Please provide **ALL** cash advances 6 months prior to Date of Disability

Loan # or Certificate #	Loan # or Certificate #	Loan # or Certificate #
Effective Date of Loan:	Effective Date of Loan:	Effective Date of Loan:
APR:	APR:	APR:
Payment Freq.	Payment Freq.	Payment Freq.
Scheduled Payment	Scheduled Payment	Scheduled Payment
\$	\$	\$
Outstanding balance(as of date Of Disability)	Outstanding balance(as of date Of Disability)	Outstanding balance(as of date Of Disability)
Advance            Date:	Advance            Date:	Advance            Date:
\$	\$	\$
Advance            Date:	Advance            Date:	Advance            Date:
\$	\$	\$
Advance            Date:	Advance            Date:	Advance            Date:
\$	\$	\$

Credit Union: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Completed Form To: 2721 N. Central Ave – Phoenix, AZ 85004  
 Phone 800-585-5821 - Fax 602-263-6993