

## Promotional Benefits Processing Center

P.O. Box 2548, Fort Worth, Texas 76113-2548  
T 877-800-0738 | Fax 800-350-9582 | [claims@promotionalbenefits.com](mailto:claims@promotionalbenefits.com)  
Monday through Friday, 8:00 a.m. - 8:00 p.m., ET

Claimant's Name: \_\_\_\_\_

Claim # \_\_\_\_\_

### Income Loss Support Claim Form - Important Information

1. Send all pages of the claim form, completed, signed and dated by the appropriate parties to the Promotional Benefits Processing Center as shown above or upload your claim documents on our website, [www.promotionalbenefits.com](http://www.promotionalbenefits.com).
2. If unemployment is due to strike, labor dispute, or a lockout, a Union Representative must complete the Statement of Union Office.
3. For all other reasons of unemployment, the Statement of State Employment Office or Employment Agency section must be completed by the appropriate representative. In lieu of this section, copies of state unemployment benefit checks or statements, covering the period of unemployment, may be submitted.
4. Keep a copy for your records. Please be aware email is not considered a secure method of delivery for personal/medical information. Federal law requires a 1099 tax form be issued to the customers receiving \$600 or more in benefits in a tax year.

**Note:** Altered forms cannot be accepted.

Usted puede obtener la versión en español de este formulario de reclamación en el sitio web - [www.promotionalbenefits.com](http://www.promotionalbenefits.com)



UN9D11 (10-10-21) Income Loss Support Claim Form

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**Income Loss Support Claim Form - Statement of Claimant - To be completed by Claimant**

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Social Security # \_\_\_\_\_ Email address \_\_\_\_\_

Name of most recent employer \_\_\_\_\_ Employer telephone # \_\_\_\_\_

Date of hire   /   /   Hours per week \_\_\_\_\_

Last date employed   /   /

Did you receive Severance pay Vacation pay Sick pay If Yes, how long?  
 Yes  No  Yes  No  Yes  No \_\_\_\_\_

Reason for unemployment  
 Shortage of Work/Lay-off  Employer Termination  Became Disabled  
 Non-Weather Related Seasonal Lay-off  Weather Related Seasonal Lay-off  Retired  
 Annual or Regularly-Scheduled Shutdown  Self-Employment Ended  Quit  
 End of your Contract with Employer  Employer's Client's Contract Ended  Reduced Hours  
 Other \_\_\_\_\_

Are you  Not Registered for State Unemployment benefits Reason not registered \_\_\_\_\_  
 Registered but not Qualified for State Unemployment benefits Reason not qualified \_\_\_\_\_  
 Registered with the State Unemployment office and qualified for benefits

Date of registration \_\_\_\_\_ Date 1st payment approved by State Unemployment Office \_\_\_\_\_

Have you returned to work? If yes, date returned Days per week Hours per day  
 Yes  No \_\_\_\_\_

**AUTHORIZATION**  
I authorize any employer or other individual or organization, having any records, files, reports, etc., concerning me to release the information to: Promotional Benefits Processing Center for the administration of its policies for the purpose of determining my eligibility for the benefits I have requested. This Authorization shall remain valid for my entire claim period. However, I have the right to revoke this authorization by providing a signed and dated, written notice to the insurance company above. A photocopy of this authorization shall be as valid as the original.

I affirm the information I have provided herein is accurate and complete.  
Signature \_\_\_\_\_ Date   /   /

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Claim # \_\_\_\_\_

**Income Loss Support Claim Form - Statement of Employer - To be Completed by Employer**

Date of hire   /   /

Last date employed   /   /

Type of employment  Full Time  Part Time  Seasonal  
 Temporary  Independent Contractor(1099 employee)

Typical months worked per year \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Was / is the employee under an annual contract?  Yes  No If yes, as of what date? \_\_\_\_\_

Did employee receive Severance pay Vacation pay Sick pay If yes, how long?  
 Yes  No  Yes  No  Yes  No \_\_\_\_\_

**Reason for unemployment**

- Shortage of Work/Lay-off
- Non-Weather Related Seasonal Lay-off
- Annual or Regularly-Scheduled Shutdown
- End of Employee Contract with Employer
- Other \_\_\_\_\_
- Employer Termination
- Weather Related Seasonal Lay-off
- Self-Employment Ended
- Employer's Client's Contract Ended
- Became Disabled
- Retired
- Quit
- Reduced Hours

Estimated return to work date   /   /

Company name \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Printed name of employer representative \_\_\_\_\_ Title \_\_\_\_\_

Signature of employer representative \_\_\_\_\_ Date \_\_\_\_\_

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## Income Loss Support Claim Form

### Statement of State Employment Office or Employment Agency - To Be Completed By A State or Employment Agency

In lieu of this section, copies of state unemployment benefit checks or benefit history, covering the period of unemployment, may be submitted.

Last date employed   /   /

Initial registration date   /   /

Reason for the unemployment

Has the individual remained actively registered?  Yes  No

If no, provide dates and reasons for the gaps in registration

Does individual qualify for state unemployment benefits?  Yes  No

If no, why not?

Did individual have a waiting or disqualification period?  Yes  No

If yes, reason and dates of waiting or disqualification period

Name of office

Telephone #

Printed name of representative

Title

Signature of representative

Date

### Statement of Union Office - To Be Completed By Your Local Union Office (if applicable)

Active member since   /   /

Last date employed   /   /

Reason for separation from last employer

Date allowed to return to work

Name of union office

Telephone #

Printed name of union representative

Title

Signature of union representative

Date

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