



PROTECTION PLAN SERVICES

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https://www.bankofamerica.com/insurance/borrowers-protection-plan-benefits.go

Borrowers/Line Protection Plan

Benefit Number: \_\_\_\_\_

Involuntary Unemployment Continuing Benefit Activation Form

Instructions for Completing the Benefit Activation Form

- Complete all sections by hand. We will return typed forms.
Print your name and address at the top of pages 2 and 3.
Please review your Borrowers/Line Protection Plan Addendum under the Involuntary Unemployment section for full details on protected events.
Incomplete sections or missing signatures will cause delays in processing your benefit.

1 Protected Borrower's Information - You must complete all information in this section.

List all loan account numbers protected by Borrowers/Line Protection Plan: \_\_\_\_\_

Your Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Billing Address \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_
This is the address where you receive your loan correspondence

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

2 Protected Borrower's Employment Information - You must complete all information in this section.

1. Are you actively looking for work? [ ] Yes [ ] No

If no, please explain why not \_\_\_\_\_

2. Have you returned to work with either your former or a new employer? [ ] Yes [ ] No

If yes, name of employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date you began work \_\_\_\_/\_\_\_\_/\_\_\_\_ How many hours per week? \_\_\_\_\_

Benefit Number \_\_\_\_\_ Protected Borrower's Full Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### 3

**Unemployment Information** – Have you registered with your State Unemployment Office and are receiving benefits? (*Skip this section and go to Section 4 if your unemployment is due to a **strike, unionized labor dispute or lockout.***)

- **yes**, then please include copies of your most recent state unemployment checks or proof that the unemployment benefit was deposited directly into your checking account.
- **no** or if you do not have the above, then a representative of the State Unemployment Office or a Recognized Employment Agency must complete, date, sign, and stamp this section.

**Important Information regarding the dates for proof of continuing unemployment:** The date on your state unemployment check **OR** the date the state benefit was deposited into your checking account **OR** the date in Section 2 **must be no more than 15 days from your loan's next due date.** Example: Loan payment next due date is 6/01/2011, the unemployment proof must be dated no earlier than 5/15/2011.

1. Is this individual still actively registered with your agency and seeking work?  Yes  No

If **no**, what was the last date they were actively registered? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

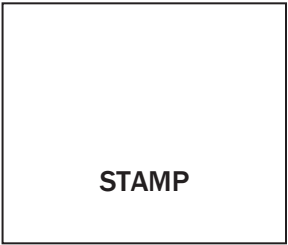
Name of Agency \_\_\_\_\_

Name of Individual completing this section \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



### 4

**Union Information** – If your unemployment is due to a strike, unionized labor dispute or lockout, an officer of your union must complete, date and sign this section.

1. Is the employee currently on strike, in a generalized labor dispute or in a lockout?  Yes  No

Name of Individual completing this section \_\_\_\_\_ Title \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Benefit Number \_\_\_\_\_ Protected Borrower's Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**5**

**Disclosures & Authorizations** – Make sure you read and sign the disclosure statement. Failure to sign below may delay processing of your benefit.

**5A**

**Important Tax Information**

Benefits provided by Borrowers/Line Protection Plan may be taxable income to you, your estate or survivors, and may reduce the amount of interest reported to the IRS on Form 1098. Consult a tax advisor regarding the tax impact of benefits.

**5B**

**Advance Reimbursement Information**– Borrowers Protection Plan® only (for customers with Bank of America checking or savings accounts)

If your monthly payment is automatically debited from your checking or savings account each month under a Payplan, you may be reimbursed in advance for monthly payment amounts entitled to cancellation under Borrowers Protection Plan. These amounts will be automatically debited from your account as regularly scheduled. The advance reimbursements may be issued by check or by electronic deposit to your Bank of America checking account. The advance reimbursement amounts are solely intended to cancel the applicable monthly payment and must remain in your account so they can be automatically debited as regularly scheduled.

**5C**

**Protected Borrower's Signature and Authorization to Obtain Information** – Protected Borrower must complete and sign this section. Unsigned forms will not be processed.

By signing below, I \_\_\_\_\_ (print full name) certify that the above information is true and correct. If any of my answers to the questions on this form are not true, I understand my benefit request may be denied and, if the benefit has already been processed, I understand I will be required to pay any amounts cancelled by the plan.

By signing below:

- I authorize any employer, insurance company, governmental entity (federal, state or local) or other organization, institution or person having any records, data, information or knowledge of me, past or present, to furnish same to Bank of America, N.A., its affiliates or their authorized representative as requested and permit Bank of America, its affiliates or their authorized representative to examine and copy any such information, for the purpose of reviewing my request for benefits. I understand in executing this authorization, I waive the right for such information to be privileged. A photocopy of this authorization, or the original, shall be valid from the date signed below until the conclusion of the benefit or, if later, until it is revoked by me in writing. I acknowledge that I have a right to a copy of this authorization upon request;
- I acknowledge that I have read the "Important Tax Information" and "Advance Reimbursement Information" disclosures above; and
- I acknowledge and agree that I have received a copy of, have read, and am familiar with the Borrowers/Line Protection Plan addendum containing the terms and conditions of the plan.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

**REMINDER: Form must be signed. Unsigned forms will not be processed.**