



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 Initial 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 through 4.
• Review the "How to Complete Your Involuntary Unemployment Benefit Activation Form" to help you fill out this form. You can also call 1.866.317.5116 for help from a customer care representative.
• 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. Please be sure to include your former employer's telephone number in case we need to contact them.

Former Employer's (Company) Name _____

Address _____ Telephone (____) _____

City _____ State _____ Zip Code _____

1. What were the dates you worked for the employer? ____/____/____ to ____/____/____

2. What is the reason your employment ended? _____

3. Did you work an average of 30 hours or more per week for the three months immediately before the date of your involuntary unemployment? [] Yes [] No

4. Was your employment seasonal? [] Yes [] No

Benefit Number _____ Protected Borrower's Full Name _____

Address _____

City _____ State _____ Zip Code _____

5. Did you have any unpaid absences during the 90 days before your last day of work? Yes No

If yes, please explain. _____

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

If yes, when? _____ / _____ / _____

7. Do you expect to return to work with the employer? Yes No

If yes, when? _____ / _____ / _____

8. Are you actively looking for work? Yes No

9. Have you registered with your State Unemployment Office? Yes No

If yes, what is the first date you registered with the State Unemployment Office? _____ / _____ / _____

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Unemployment Information -

- If you **registered with your State Unemployment Office and are receiving benefits**, then please include a copy of the following with your form:

- ◆ State Unemployment Determination Letter and
- ◆ Copies of your state unemployment checks for every 30 days since the start of your unemployment or proof that the unemployment benefit was deposited directly into your checking account.



Do you have a Bank of America checking account? If yes, please see section 4E on page 4. With your permission, we can confirm your unemployment benefit deposits for you.

- If you **registered with a Recognized Employment Agency** (such as Manpower), then please provide one of the following:
 - ◆ This section completed, dated, signed, and stamped by a representative of the agency or
 - ◆ Letter from the agency on their letterhead stating the date you registered with them, that you remain registered, and are actively seeking work.
- If your unemployment is due to **strike, unionized labor dispute or lockout**, an officer of your union must complete this section.
- If you are **self employed and your business equipment or premises were lost or damaged**, you can provide us with a copy of the claim you filed with your insurance company. If you do not have insurance, you can call us to discuss other acceptable proof.
- If you are **self employed and you filed for business bankruptcy**, you must provide a copy of the court's final declaration of business bankruptcy.
- If **none of the above** applies to your situation, then a representative of the State Unemployment Office or a Recognized Employment Agency must complete, date, sign, and stamp this section.

1. Is this individual actively registered with your agency and seeking work?

Yes Date First Registered _____ / _____ / _____

No What was the last date they were actively registered? _____ / _____ / _____

2. Since registration have they been actively seeking work? Yes No

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

3. Reason for unemployment:

- Poor Performance Criminal Misconduct
 Downsizing Disability
 Retirement Resignation

Willful Misconduct (please explain) _____

Other (please explain) _____

4. What was the date of the last day worked at the most recent employer? _____ / _____ / _____

Name of Agency _____

Name of Individual completing this section _____ Title _____

Address _____ Telephone (_____) _____

City _____ State _____ Zip Code _____

Signature X _____ Date _____ / _____ / _____

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

4A **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.

4B **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.

Please see the next page for the required Signature and Authorization to Obtain Information and optional authorizations to refund and view your Bank of America checking account.

Benefit Number _____ Protected Borrower's Full Name _____

Address _____

City _____ State _____ Zip Code _____

4C 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. I further understand that the information may be shared with third parties as permitted or required by law. 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.

4D Authorization to Refund Your Bank of America Checking Account – If you do not own a Bank of America checking account, this section does not apply.

If we need to refund payments you made during your benefit period, or otherwise issue reimbursements, the fastest way to receive the refund is to deposit the money into your Bank of America checking account. Please provide your Bank of America checking account number below, if applicable.*

Your signature authorizes us to deposit the refund into your Bank of America checking account.

 (Your Signature) (Your Checking Account Number)

*Borrowers who do not own a Bank of America checking account will receive a check for refund amounts, if applicable

4E Authorization to View Your Bank of America Checking Account for Unemployment Verification – If you do not own a Bank of America checking account, this section does not apply.

If you receive state unemployment benefits which are deposited directly into your Bank of America checking account, signing below authorizes us to review your checking account each month to confirm you are continuing to receive state unemployment benefits. This may shorten the time that is required to review your benefit. We will only review your checking account pursuant to this authorization while we are reviewing your request for Borrowers/Line Protection Plan Involuntary Unemployment benefits.

Your signature authorizes us to view your Bank of America checking account.

 (Your Signature) (Your Checking Account Number)