



How to Complete Your Disability Benefit Activation Form

Important: See Important Information About Your Benefit Request and Payment Responsibilities

Have you been hospitalized as a result of your disability for two nights or more in a row?

If yes, you may also be eligible for hospitalization benefits

Please include a copy of your hospital bill that shows your name as the patient, the admit and discharge dates, the diagnosis and the hospital name

Has your physician completed their section of the form?

Your physician must tell us:
The reason for your disability
The date you consulted with them for your condition
The date of onset
The date they treated you
Your dates of disability
The approximate length of your disability

Has your employer completed their section of the form?

Your employer must tell us:
The date you started working for them
The last date you worked for them prior to your disability
The number of hours you worked each week
All times you were absent from work in the 90 days before the last day worked
The name and telephone number of a person we can contact who is still with the company

We must have all of this information to be able to review your request

Are you Self Employed?

Please complete the Employer's Statement for yourself

Why do we ask for your Bank of America checking account number?

If we need to refund payments you made during your benefit period, we want to refund the money to you as quickly as possible.

If you give us your Bank of America checking account number, we can deposit that refund directly into your account.

We also need your signature confirming that you agree to let us deposit the refund into your Bank of America checking account.

Are all sections of the Benefit Activation form completed, including required signatures and dates?

We review each section of the benefit form. If any section is incomplete, including required signatures and dates, there will be a delay in reviewing your request.

Do you have questions or need help?

We are here to help you. **Call our Customer Care Center at 866-317-5116. We are available Monday through Friday between 8:00 AM - 8:00 PM Eastern Time.**



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Where do I send the completed form?

Bank of America
Borrowers Protection Plan Services
PO Box 961290
Fort Worth, TX 76161-0290

You can also fax the completed forms to
866.380.6718.

Important Information About Your Benefit Request



The Borrowers Protection Plan benefit cancels only the principal, interest and Borrowers Protection Plan fee payment. **You will be responsible for any other amounts such as escrow amounts, taxes, and homeowners insurance that are due on your loan. If you fail to pay these amounts, it could prevent or delay your benefit from being applied to your loan.**

This form is for reference only. Your addendum includes the complete details about Borrowers Protection Plan, including additional requirements, conditions and exclusions that may prevent you from receiving benefits. Please review your addendum.

Even though you provide all of the required documentation, your request for benefits may not be approved.

What to Expect Regarding Your Benefit Activation Request

A benefit examiner will begin processing your request within seven days from the date we receive all of the required information. During the review process we may determine additional information is needed. If this is the case, we will contact you to request the additional information. When a decision is reached, we will notify you in writing.