



Payment Protection Claims | P.O. Box 795027 | San Antonio, Texas 78279

PaymentProtectionClaims@swbc.com | Business Hours: 800.527.0066 Ext. 17205 | After Hours: 210.321.7205 | 210.525.1247

WARNING: Any person who knowingly submits a request for benefits containing a false or deceptive statement is guilty of fraud and may be subject to criminal penalties.

REPORT OF INVOLUNTARY UNEMPLOYMENT

The furnishing of this form is neither an admission of protection or liability by the Financial Institution or a waiver of any rights or defenses.

INSTRUCTIONS: This form must be completed after the waiting period* has been satisfied.

(*If unsure of waiting period, contact your credit union)

- 1. Part 1 and 2 are to be completed by the Protected Borrower.
2. Please submit the completed Report of Involuntary Unemployment form and supporting documents to SWBC by mail, fax, or email.
3. Part 4 is to be completed by the Employer.
4. Protected Borrower to sign Authorization to Obtain Information under Employer's Statement before sending to employer.

INCOMPLETE INFORMATION MAY CAUSE A DELAY IN CONSIDERING YOUR REQUEST

PART 1 | FINANCIAL INSTITUTION—LOAN/LINE OF CREDIT (LOC) INFORMATION

Lender Name: Loan Account Number(s):

We suggest that you keep in contact with your Financial Institution and make sure your loan account remains current.

PART 2 | PROTECTED BORROWER INFORMATION

Name: Phone Number:

Address (street, city, state, zip):

Social Security Number: Date of Birth: Occupation:

Employer Name: Date Hired: Last Day Worked:

If employed less than 6 months, provide name, address, telephone # of previous employer:

last day worked w/previous employer:

Type of Employment: Full-Time Part-Time Seasonal, average hours worked per week:

Is your unemployment due to a qualified strike or lockout? Yes No, If yes, part 4 MUST be completed.

Reason for unemployment: Date first notified of layoff or termination:

Did you receive a severance package? Yes No, If yes, provide the time period this package covered:

Is your unemployment due to a seasonal layoff? Yes No Are you self-employed or an independent contractor? Yes No

Have you returned to work? Yes No If yes, on what date? Name of Employer:

Have you registered with a qualified employment agency or State Job Service?

Yes If yes, what is the first date you registered with the agency (after you became unemployed)? (You MUST include a copy of your Job Service Booklet, Determination of Benefits Letter, or a copy of your unemployment check stub)

No If no, why not?

PART 3 | ATTACHMENTS

Please submit applicable documents.

State Unemployment: Union Strike: Involuntary Termination:
Determination of Benefits Letter Notification of Strike Notification of Termination/Furlough
Current Unemployment Pay Stub Other:



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AUTHORIZATION TO OBTAIN INFORMATION

The information stated above is true and correct. I hereby authorize any employer, insurance company, government entity (federal, state, or local) or other organization, institution, or person that has any information, records or knowledge of my employment history, past or present, to furnish this information to SWBC as Administrator for my Financial Institution (or its representatives) and to permit them to examine and copy any such information. I understand that my Financial Institution and SWBC may disclose the information to business partners who have a legitimate business need to obtain the information in connection with benefits processing by SWBC. I also authorize SWBC to have access to my account for information that is necessary to process my benefit. A copy of this authorization, or the original, shall be valid for the duration of the benefits or 24 months from the date signed, whichever occurs first. I acknowledge that I have a right to a copy of this authorization upon request.

Protected Borrower's Signature: _____ Date: _____

Date of Birth: _____ Email Address: _____

Address (street, city, state, zip): _____

By providing your email address, you consent to being contacted by an SWBC representative via email.

PART 4 | EMPLOYER'S STATEMENT (Must be completed by the Employer)

Employer's Name: _____

Employee's Name: _____ Date hired: _____ Occupation: _____

Type of Employment: Full-Time Part-Time Seasonal, average hours worked per week: _____

Date first notified of layoff or termination: _____ Last day worked: _____ Last day employed: _____

Is the unemployment due to? Resignation/Quit Disability Retirement Other: _____

Is unemployment due to seasonal layoff? Yes No, If yes, what was the beginning date? _____

(SEASONAL EMPLOYMENT means employment that is based on a contract or agreement that has a fixed duration and that is for less than one (1) year.)

Is the unemployment is a result of willful misconduct (a transgression of some established and definite rule of action, a forbidden act or omission, or an act or omission involving dishonesty, or a dereliction of duty, active or passive, which is willful in character and beyond simple negligence) or criminal misconduct (unlawful behavior as determined by local, state, or federal law)? Yes No, If no, Please explain the reason for unemployment: _____

Did the employee receive a severance package? Yes No, If yes, provide the time period this package covered: _____

Employer's Signature: _____ Date: _____

Printed Name: _____ Phone/Fax Number: _____

Title: _____ Address: _____