



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 FAMILY LEAVE

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 financial institution)

- 1. Part 1 and 2 are to be completed by the Protected Borrower.
2. Part 3 is to be completed by the Protected Borrower's Employer.
3. Please return the completed Report of Family Leave form to the address indicated above.

INCOMPLETE INFORMATION MAY CAUSE A DELAY IN CONSIDERING YOUR REQUEST

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

Financial Institution 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 with previous employer:

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

Reason for Family Leave (must check one):

An accident or illness involving a member of your immediate family which requires you to attend the needs of said family member.

Provide name and relationship of immediate family member:

You're residing in a federally declared disaster area.

Date of disaster: Description of disaster:

Please provide address at time of disaster if different from current mailing address shown above:

Address (street, city, state, zip):

Care for a new birth or adoption of a child. Please attach proof of birth or adoption.

Mandatory recall to active military duty. Please attach a copy of your military orders.

Care for a family member who suffers a serious injury or illness while on active military duty

Provide name and relationship of immediate family member:

Provide the date your absence from work began: Date returned or expected to work:

Please attach a copy of your family leave paperwork.



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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.

INCOMPLETE INFORMATION MAY CAUSE A DELAY IN CONSIDERING THE BORROWER'S REQUEST

PART 3 | 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 employee requested family leave: _____ Last day worked: _____

Is/Was the Employee's current leave approved? Yes No

If no, please explain the reason: _____

If yes, please provide the dates the absence began: _____ Date returned or expected to return to work: _____

Include a copy of the family leave paperwork.

Provide any additional information that is pertinent to your employee's request for family leave benefits: _____

Employer's Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone/Fax Number: _____

Address: _____