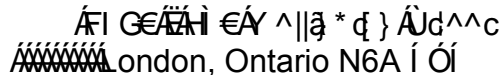


TRITON INSURANCE COMPANY



 London, Ontario N6A 1 O1

Telephone: 800-285-8623

Fax: 877-772-2623

CLAIMS;10 04

CONTINUING JOB LOSS/UII CLAIM FORM

◆ CREDITOR INFORMATION To be completed by the Creditor. ◆

Insured Name: _____ Branch/Account #: _____ Claim #: _____	Branch Mailing Address: _____ _____ Branch Phone Number: _____ Date Received in Branch: _____ <small>(MM/DD/YY)</small>
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◆ FORM COMPLETION INSTRUCTIONS ◆

1. A claim form must be submitted every 30 days for additional benefits to be considered.
2. If a question is not applicable to the claim, a line should be drawn through the space provided for the answer.
3. Submit copies of current Employment Insurance benefit cheques or statements.

NOTE: Altered forms cannot be accepted.

◆ SUBMISSION INSTRUCTIONS ◆

When all required sections are complete, return the claim to the office listed above. Keep a copy of the entire claim form and any attachments for your records. **NOTICE:** If the form is not fully completed with all attachments, the processing of your claim will be delayed. Please allow 15 days after mailing or faxing for processing fully completed claim forms.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in applicable provincial legislation: In Alberta - *Insurance Act*; In British Columbia, New Brunswick, Nova Scotia, Prince Edward Island, Yukon, Northern Territories and Nunavut - *Insurance Act*; In Manitoba - *The Insurance Act*; In Ontario - *Limitations Act of 2002*; In Saskatchewan and Newfoundland - *The Limitations Act*; In Quebec - *The Civil Code of Quebec*.

NOTICE REGARDING COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Triton Insurance Company collects, uses and discloses personal information about you as described: (1) in the Triton Insurance Company Privacy of Personal Information Statement (a copy of which can be obtained at the address above); (2) in *the Personal Information Authorization* section of this form; and (3) referenced in the creditor insurance application form that relates to your claim. We maintain a file containing your personal information for the purposes outlined in each of the above, accessible at FI GEÄH €Ä ^||ã * ç } ÄÜd^^ç London, Ontario, N6A 1 O1.

Your file will only be accessible to employees, agents and other authorized representatives of Triton Insurance Company who are responsible for administering your file, and other persons authorized by you or by law.

By signing and submitting this claim form on your own behalf and/or on behalf of any minor, you give your consent to the collection, use and disclosure of your and/or the minor's personal information as described above and elsewhere in this claim form, including the Personal Information Authorization section of this claim form.

Signature: _____	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>(MM/DD/YY)</small>
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STATEMENT OF INSURED Print or type all information. To be completed, signed and dated by the insured. All dates *must* include the month, day and year (MM/DD/YY).



Complete mailing address: _____	City: _____	Province: <input type="text"/> <input type="text"/>	Postal code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Date you returned to work: (MM/DD/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Days per week: <input type="text"/>	Hours per day: <input type="text"/>
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I certify that the foregoing statements, including any accompanying statements, are true, correct and complete to the best of my information, knowledge and belief.

Signature: _____	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>(MM/DD/YY)</small>
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In our effort to provide quality service, our Customer Service telephone lines are subject to service monitoring.