
GM Total Confidence

Payment Protection Request for Benefits

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REQUEST FOR BENEFITS FORM

The following information must be completed and sent to “Payment Protection Administrator” at **P.O. Box 7691, St. Clair Shores, MI 48080** within **ninety (90) days** of your Unemployment Date, or as soon as reasonably possible. The Administrator must receive this completed and signed claim form, along with all requested information before we can determine your eligibility for benefits under this program. Your receipt of a claim form does not constitute eligibility for coverage. Please refer to Your Payment Protection Agreement for a full explanation of terms, conditions, and limitations of this Program.

The following information must be completed by the Claimant (Please Print in Ink):

Please be advised that my employment with _____ has been terminated as of _____. Accordingly, I submit the following affidavit and provide the attached requested documentation for purposes of proving my eligibility for this Program.

AFFIDAVIT

1. My full name is _____
2. My Social Security Number is _____
3. My telephone number is _____
My address is _____
City: _____ State: _____ Zip Code _____
4. The start date of my loan is _____
5. The effective date of my termination of employment was _____
6. I was notified of my termination on _____
7. The name, address and telephone number of my former employer is:
(Name) _____
(Address) _____
(Telephone) _____ (Contact Person) _____
8. The amount of severance benefits paid to me upon termination is \$ _____ for _____ number of weeks from my unemployment date.
9. The name of the creditor/lender on my loan is _____
10. The amount of my loan payment determined as of the date of loan closing is \$ _____
11. Prior to the “Effective Date” of this coverage, the Undersigned had no pending knowledge of any involuntary unemployment that was about to occur.
12. The Undersigned is not an active Gainfully Employed employee of GM, is not self employed, or greater than a 10% owner of the company from which they earned their W-2 income.
13. The Undersigned agrees to allow the Administrator to contact his or her former Employer to verify the cause of termination, as well as any other pertinent facts, of the claimant’s employment and termination thereof.
14. The Undersigned is not unemployed as a result of a medical or psychological disability, or due to pregnancy.
15. The Undersigned was not laid off due to a normal and routine shutdown by their employer, or from completion of seasonal or temporary work as determined by Your occupation or place of employment.
16. The Undersigned was not terminated due to criminal misconduct (unlawful behavior determined by local, state, or federal law).

REQUIRED ATTACHMENTS (Please do not send originals): FAILURE TO SUPPLY THIS INFORMATION WILL CAUSE A DELAY IN THE PROCESSING OF YOUR CLAIM. *

1. A legible copy of the determination letter from your state unemployment office or the recognized unemployment private or governmental agency. You must file with the state unemployment office or the recognized unemployment private or governmental agency within thirty (30) days of your unemployment date to be eligible for coverage. This filing date must appear on the information we receive. In the event You have been paid the maximum amount or number of benefits by this office or agency, then for any further payments by Us for the period You were not paid by this office or agency, We require that You submit to Us the same information and proof for this unpaid period of time as was required by this office or agency for their payment to You.
2. Copies of all state unemployment pay stubs, checks or proof of payment, that You received for this unemployment occurrence.
3. A signed, original letter (on employer letterhead), from Your former employer verifying Your Unemployment Date, the reason for Your unemployment, the length and amount of any severance pay received, as well as verification of Your length of employment and the weekly hours worked, immediately prior to Your Unemployment Date. (See attached example.)
4. A copy of Your billing statement/loan coupon which identifies the Account Number, billing cycle, payment address, Account Payment amount due, and Account Payment due date.
5. A copy of your vehicle retail installment contract or lease agreement.
6. Copies of all pay stubs or acceptable form of proof of employment and hours worked for the last 12 consecutive weeks immediately prior to the date of unemployment.
7. If Your unemployment is due to a lockout, You must provide us with continuing proof of Your involuntary unemployment due to lockout from the appropriate official.

*Any other information that may be reasonably requested in order to process your claim.

VESTING PERIOD

Please refer to the Payment Protection Agreement that was issued to You for this Program. Your Unemployment Date must be more than ninety (90) days after the Effective Date. No benefits will be paid to You for any unemployment that occurs during the first 90 days of the loan for the duration of that unemployment occurrence.

PAYMENTS - PLEASE NOTE: If you become eligible for benefits, all payments under this program will be made within five (5) business days of our receipt of the completed claim form and required attachments. **It is your responsibility to make all loan payments when due.**

SUBSEQUENT PAYMENTS

Each month, we must receive copies of Your state unemployment pay stubs, or other proof of payment from a recognized unemployment agency, or proof of continued unemployment, for the month you are claiming, as evidence that You are still involuntarily unemployed; as well as a copy of your current loan payment coupon or billing statement, in order for You to receive any subsequent payments under this program. Failure to provide this information on a monthly basis may reduce or void Your eligibility for subsequent payments.

IMPORTANT 1099 INFORMATION

You may be subject to federal, state or local tax on any Account Payment made. You will receive a Federal Form 1099, if the sum of all payments exceed \$600 (USD) during a given calendar year.

Signature of Claimant

Date Signed: _____

SAMPLE EMPLOYER LETTER

(To be printed on official letterhead of employer)

(Date)

Payment Protection Administrator
P.O. Box 7691
St. Clair Shores, MI 48080

RE: _____ SAMPLE ONLY! _____ (Name of Employee)

To Whom It May Concern:

The following affidavit is being submitted to Payment Protection Administrator pursuant to the request of

(Print Name of Employee)

PLEASE PRINT THE FOLLOWING INFORMATION

STATE OF _____

COUNTY OF _____

AFFIDAVIT

The undersigned, being first duly sworn and cautioned states that:

1. On _____ (date of notification), the Employee was notified of Termination of Employment to be effective on _____ (date of termination). The Employee was terminated for the following reason:
_____ **Please state the reason the employee was terminated.**
2. Hours worked per week; _____
3. Employee was paid severance benefits in the amount of \$ _____ (equal to _____ weeks pay) (or) no severance benefits were paid to Employee; and
4. The undersigned is a duly authorized officer of _____ (print name of employer).
5. Employee's date of hire _____.

By: _____
(Signature)

(Print Name and Title of Employer Representative)

Notary Required if not on Employer Letterhead

Sworn to before me and subscribed in my presence this _____ day of _____, 20 _____

Notary Public

My Commission Expires: _____

PRIVACY POLICY

We recognize that your privacy is important to you and that you expect us to protect the information you provide us and to use it only in relation to the execution of the Vehicle Value Protection and Payment Protection Agreements (collectively referred to as “the Programs”). To protect your information, we have adopted and adhere to the following policy regarding the privacy of your nonpublic personal information and personally identifiable information (collectively “Nonpublic Personal Information”).

A. INFORMATION THAT WE COLLECT

We will be collecting all or some of the following personal information: name, address, home phone number, work phone number, cell phone number, vehicle make, vehicle model, vehicle year, vehicle identification number, loan number, loan amount, loan term, monthly loan payment amount, monthly loan payment due date, lender name, vehicle purchase date/delivery date, social security number, unemployment date, prior employment information, severance pay data, income/salary data, reason for termination, dealer name of where you bought your car, state unemployment benefit information, banking information to pay claims, and other information that permits us to contact or communicate with you.

B. HOW WE COLLECT INFORMATION

We collect this Nonpublic Personal Information through various sources, including:

- Information we receive from you on new account forms, fact-finding questionnaires, product and service applications, and other forms;
- Information we receive from you, in writing, electronically, through the telephone, or through our website, when you communicate with us, or request information about the Programs;

C. INFORMATION THAT WE DISCLOSE AND TO WHOM WE DISCLOSE IT

As permitted by law and as outlined in this policy, we disclose Nonpublic Personal Information only to unaffiliated third parties that provide services to us or with whom we have contractual relationships to allow us to administer the Programs. These are third parties with whom we may share your Nonpublic Personal Information:

- The company which prepares the documents associated with the Programs;
- The company which assists in the processing of your data and makes it available to us so we may administer the Programs.

D. STEPS WE TAKE TO PROTECT YOUR INFORMATION

We have enacted security policies and procedures designed to prevent unauthorized use or access to your Nonpublic Personal Information. Your information is only available to our employees for various business purposes, such as processing or servicing claims, and those fulfilling compliance, legal or audit functions. We use password protection to prevent access by unauthorized personnel, and we employ other physical, electronic, and procedural safeguards to ensure the protection of your Nonpublic Personal Information in accordance with state and federal privacy regulations.

E. AMENDMENTS TO OUR PRIVACY POLICY

When we make material amendments to our Privacy Policy we will post an appropriate notice on our website. In addition, we may send you an amended version of our Privacy Policy through the mail.