

**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 Credit Union or a waiver of any rights or defenses.

**INSTRUCTIONS:**

After You have been on unpaid Family Leave beyond your required waiting period, the following steps should be followed:

- (1) Page 1 is to be completed by the Credit Union.
- (2) Page 2 is to be completed by the Protected Borrower.
- (3) Page 3 is to be completed by the Employer.
- (4) Return the completed Report of Family Leave to CSO at the address shown above.

**Unless all statements are complete, further consideration may be delayed.**

**We suggest that you keep in contact with your Credit Union and make sure your account remains current.**

**CREDIT UNION STATEMENT**

**LOAN / LINE OF CREDIT (LOC) INFORMATION**

(If LOC, submit loan history for 6 months prior to the date of loss)

Credit Union Member Number: \_\_\_\_\_

Borrower 1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Borrower 2 (if applicable) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Covered Loan / LOC Number: \_\_\_\_\_ Loan / LOC Term (mos.): \_\_\_\_\_

Effective Date of Loan / LOC: \_\_\_\_\_ Loan Type:  CE  OE  CC  SP

Loan / LOC Original Maturity Date: \_\_\_\_\_ Current Maturity Date (if different) \_\_\_\_\_

Scheduled monthly payment amount on date Family Leave began: \_\_\_\_\_ Date next payment due: \_\_\_\_\_

Date of last advance / increase to Loan / LOC before Family Leave: \_\_\_\_\_

Principal balance of Loan / LOC as of the date Family Leave began: \_\_\_\_\_

Has Loan / LOC been refinanced?  Yes  No If yes, date refinanced: \_\_\_\_\_

Have loan extensions been granted on this loan?  Yes  No

**DEBT CANCELLATION PROGRAM INFORMATION**

Date Enrolled: \_\_\_\_\_ Expiration date of protection: \_\_\_\_\_ Term (mos.): \_\_\_\_\_

**CREDIT UNION INFORMATION**

Credit Union Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Credit Union Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Borrower Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F

Complete Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name of Employer at time of your Family Leave: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Classification:  Sedentary  Light  Medium  Heavy  Very Heavy

Date of hire: \_\_\_\_\_ Hours worked per week at the time your Family Leave began: \_\_\_\_\_

Last day worked prior to your Family Leave: \_\_\_\_\_

At the onset of your Family Leave were you:  employed by a joint borrower  self-employed  None apply  
 an independent contractor  a temporary employee

Date income stopped as a result of your absence from work: \_\_\_\_\_

Reason for Family Leave:  Care of newborn or  care of newly adopted or foster child Date of birth/adoption: \_\_\_\_\_

Care for spouse, child or parent with a serious health condition

Family member's name and relationship: \_\_\_\_\_

Family member's medical condition: \_\_\_\_\_

Beginning date of care for family member: \_\_\_\_\_

Other: \_\_\_\_\_

Have you returned to work?  Yes  No If yes, on what date? \_\_\_\_\_

**AUTHORIZATION TO OBTAIN INFORMATION  
UNLESS ALL STATEMENTS ARE COMPLETED, FURTHER CONSIDERATION MAY BE DELAYED**

The information stated above in the Protected Borrower Statement 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 me, past or present, to furnish this information to Central States Health & Life Co. of Omaha (CSO) as Administrator for my Credit Union (or its representatives) and to permit them to examine and copy any such information. I understand that my Credit Union and the Administrator may disclose the information to business partners who have a legitimate business need to obtain the information in connection with benefits processing by the Administrator. I also authorize the Administrator to have access to my account for information that is necessary to process my request for benefits. 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Complete Address: \_\_\_\_\_

E-mail address (optional): \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employee's position / job title: \_\_\_\_\_

At the time of Family Leave was employee:  employed by a joint borrower  self-employed  
 an independent contractor  a temporary employee

Was the Employee actively working for income 25 hours or more per week when the Family Leave began?  Yes  No

If no, how many hours per week? \_\_\_\_\_

Date Employee's absence from work began: \_\_\_\_\_

Date Employee's income stopped as a result of their absence from work \_\_\_\_\_

The information on PAGE 2 (PROTECTED BORROWER'S STATEMENT) agrees completely with our records, except as follows:

\_\_\_\_\_

Date returned to work: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email address: \_\_\_\_\_