

PREMIER Credit Protection Benefit Activation Request

Please complete this form and return to:

Benefit Administrator
PO Box 5506
Sioux Falls, SD 57117-5506

Fax: 605-235-5403

Email: PremierCreditProtection@premierbankcard.com

***Do Not Include Sensitive Information such as your
Social Security Number or Account Number***

Personal Information

Primary Cardholder Name: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

If you wish to activate benefits on more than one account, please list the last four numbers of each account: _____

Email Address: _____ Today's Date: _____

Event TYPE

REQUIRED DOCUMENTATION

Loss of Life

Representative must provide death certificate indicating cause of death.

Disability

Disability Statement and Employment Statement below must be completed. In addition, please provide proof of your disability (such as a statement or letter including the date(s) and cause of Disability on a medical professional's letterhead).

Involuntary Unemployment

The Employment Statement below must be completed. In addition, please provide evidence, including the date(s), of your Involuntary Unemployment (such as a letter from employer, proof you have filed for unemployment, or a copy of your unemployment check and/or stub). If Strike or Lockout, evidence of Involuntary Unemployment may include a statement signed by an officer of your union.

Unpaid Family Leave

The Employment Statement below must be completed. In addition, please provide evidence, including the date(s), that your employer has approved the Unpaid Family Leave.

Employment Statement

Last Date Worked: ____/____/____

Return to Work Date (if know): ____/____/____

Is your interruption of employment the result of willful misconduct, criminal acts, voluntary resignation, or retirement?

YES ____ NO ____

Company Name: _____

City/State/Zip: _____

Disability Statement

Cause of Disability: _____

Date You First Became Disabled: ____/____/____

Date You Will Be Returned to Work: ____/____/____

Have you been deemed to be totally and permanently disabled? YES ____ NO ____ If yes, provide date: ____/____/____