CLAIM FORM

Member Services Agreement – Mobile Device Coverage

FOR QUESTIONS ABOUT CLAIMS, EMAIL ClaimsSupport@warrantech.com

IMPORTANT: *The submission of this Claim Form along with all required documentation does not automatically mean that the repairs to / replacement of the Member's Device is a "covered Claim" under the provisions of the Plan. Coverage and Claim eligibility must be validated first. Please refer to the Member Services Agreement provided by your Group Sponsor for additional limitations, terms and conditions.*

MEMBER INFORMATION	
MEMBER NAME (First, Last)	**TELEPHONE NUMBER**
ADDRESS	**EMAIL**
GROUP SPONSOR/FINANCIAL INSTITUTION: **SSFCU**	
COVERED DEVICE* INFORMATION	
MANUFACTURER	**MODEL/ SERIES NAME**
WIRELESS SERVICE PROVIDER	**IMEI NUMBER (optional)** *(The IMEI/Serial Number can be located by viewing the settings menu on the device)*
DATE PROBLEM OCCURRED	**DESCRIPTION OF PROBLEM WITH THE DEVICE**
COMPLETE ONLY ONE OF THE FOLLOWING CATEGORIES, AS APPLICABLE TO THIS CLAIM:	
DATE DEVICE REPAIR WAS COMPLETED	**DATE REPLACEMENT DEVICE WAS PURCHASED**
TOTAL AMOUNT PAID FOR REPAIR $	**TOTAL MSRP AMOUNT FOR REPLACEMENT** **$** **(do not include taxes or fees)**
COMPLETE THE FOLLOWING SECTION ONLY IF APPLICABLE TO THIS CLAIM:	
DATE INSURANCE DEDUCTIBLE WAS PAID	**TOTAL INSURANCE DEDUCTIBLE AMOUNT PAID** **$**

**** COVERED DEVICE – ELIGIBILITY:*** *In order for a Claim to be considered under the Plan, the wireless item must be:*

1) *Currently linked to a line serviced under the Member's current agreement with a Wireless Service Provider;*
2) *Fully operational and not damaged as of the date on which the Member first became eligible for participation in the Covered Group; and*
3) *Equipped with the following minimum OS versions (as applicable to the make/model): Apple Operating System version iOS 6 or newer, or one of the most recently released Apple iOS versions (whichever is most current); or Android Operating System version 1.6 or newer, or one of the most recently released Android OS versions (whichever is most current).*

REQUIRED DOCUMENTATION FOR PROOF OF LOSS

The following is a checklist for the Member to confirm that all necessary documentation is included and submitted together with this Claim Form. Upon completion of this Claim Form and assembly of all required documentation, the Member must scan and submit such Claim form via email to **ClaimsSupport@warrantech.com** for prompt handling

FOR REPLACED DEVICES: *submitting such documentation via email is required in addition to shipping the irreparable original Covered Device to the physical address provided below. IMPORTANT: RESTORATION OR TRANSFER OF SOFTWARE AND/OR DATA, AND DATA RECOVERY SERVICES ARE EXPRESSLY EXCLUDED UNDER THE MEMBER SERVICES AGREEMENT.*

NOTICE: *Proof of Loss must be received within 60 days following the date of the Accidental Damage from Handling (ADH) or Breakdown occurrence. If such Proof of Loss is not received within 60 days following the date of the ADH or Breakdown occurrence, We reserve the right to deny coverage under the provisions of the Member Services Agreement.*

NO CLAIM WILL BE CONSIDERED WITHOUT ALL OF THE FOLLOWING DOCUMENTATION, AS APPLICABLE TO THIS PARTICULAR CLAIM.

IF THE COVERED DEVICE WAS **REPAIRED**:

- ☐ Copy of invoice from an authorized wireless device repair servicer that includes a description of the problem with the Device, diagnosis, repairs performed, cost for repairs, and amount paid by the Member for such repairs.
- ☐ Proof of Member's payment to the Covered Device's Wireless Service Provider for the month preceding the date on which the problem with the Covered Device occurred.
- ☐ Proof that the Covered Device is currently linked to/active with a Wireless Service Provider wireless account under the Member's name.
- ☐ **(IF APPLICABLE)** Proof of Member's payment of an insurance policy deductible associated with the subject Claim.

IF THE COVERED DEVICE WAS **REPLACED**:

- ☐ Copy of invoice/estimate from an authorized wireless device repair servicer that includes a description of the problem with the original Covered Device and diagnosis.
- ☐ Copy of sales receipt/invoice from a Wireless Service Provider's retail location or Internet site evidencing the total amount paid by the Member for the replacement device.
- ☐ Proof of Member's payment to the original Covered Device's Wireless Service Provider for the month preceding the date on which the problem with the original Covered Device occurred.
- ☐ Proof that the replacement device is currently linked to/active with a Wireless Service Provider wireless account under the Member's name.
- ☐ **(IF APPLICABLE)** Proof of Member's payment of an insurance policy deductible associated with the subject Claim.
- ☐ Copy of shipping label evidencing the Member's payment for and execution of sending the irreparable original Covered Device to:

ATTN: ANEW Business Solutions
5325 FAA Blvd.
Irving, TX 75061

REQUIRED SIGNATURES

The following are required confirmations from the Member in order to effectively process this Claim Form. NO CLAIM WILL BE CONSIDERED WITHOUT ALL OF THE FOLLOWING SIGNATORY LINES COMPLETED.

GOOD FAITH: By signing below, I, the Member attest that (1) the original Covered Device for which this Claim Form is being submitted was fully operational and not damaged as of the date on which I first became eligible for participation in my Covered Group, and (2) that the information supplied by me in this Claim Form is true and correct to the best of my knowledge.

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Member's Signature **Date**

MAINTENANCE AND INSPECTIONS: By signing below, I, the Member, attest that any and all of the care, maintenance, and inspections for the original Covered Device, as specified in the manufacturer's warranty and/or owner's manual, have been performed.

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Member's Signature **Date**

NO DUPLICATION OF COVERAGE: By signing below, I, the Member, attest that all documentation for any other settlement related to the Breakdown of/damage to the original Covered Device has been attached to this Claim Form.

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Member's Signature **Date**

PERMISSION TO VALIDATE CLAIM: By signing below, I, the Member, authorize the Plan Provider or any of its authorized representatives to verify and/or obtain additional information pertaining to Wireless Service Provider account status, services or repairs performed to my Covered Device, or other necessary information that is justifiable and required in order to process this Claim Form.

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Member's Signature **Date**

UNDERSTANDING OF LIMIT OF LIABILITY UNDER THE PLAN: By signing below, I, the Member, confirm my understanding of the LIMIT OF LIABILITY of my Plan; which is as follows – Per any consecutive 12-month period and subject to the $50 Service Fee that will be deducted from any covered reimbursement amount, only one (1) Claim will be considered and the maximum benefit limit for such single covered Claim is the LESSER OF the total cost of repairs for/replacement of the Covered Device (including any applicable insurance deductible payment) OR $250. Further, I confirm my understanding that once one Claim has been paid under the provisions of my Plan, I am not eligible for coverage under my Plan until twelve (12) consecutive months have passed from the date on which the limit was reached.

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Member's Signature **Date**

WHAT TO EXPECT NEXT: Once this Claim Form and all required documentation have been received, the Member's Claim and submitted information will be reviewed for approval in accordance with the Member Services Agreement.

If the Claim is approved, the Member will receive a reimbursement check in the amount equal to the LESSER OF: the total cost of covered repairs to/replacement of the original Covered Device (including any applicable insurance deductible payment) OR $250; minus the $50 required Service Fee.

If the Claim is denied, the Member will receive a letter explaining the reasons for such denial.

FOR QUESTIONS ABOUT YOUR CLAIM
CONTACT OUR CLAIMS DEPARTMENT TOLL FREE AT 1-888-256-0714

For questions about Your Plan benefits, contact Your Group Sponsor or NXG toll free at 1-877-274-8642.