

SEARS BUYER PROTECTIONSM

P.O. Box 901095
Fort Worth, Texas 76101
Telephone: 866-934-1139
Fax: 817-820-5908

JOB LOSS BENEFIT FORM

◆ CREDITOR INFORMATION ◆

Cardmember's Name:

Account Number:

Reference Number:
(Not required for initial requests)

◆ FORM COMPLETION INSTRUCTIONS ◆

1. Fully complete all sections and spaces on the form for initial request for benefits.
2. If a question is not applicable, a line should be drawn through the space provided for the answer.
3. All dates *must* include the month, day and year (MM/DD/YY).
4. Attach the purchase sales receipt(s) the first time you complete this form.
5. If this is for continuing benefits, complete Sections I and II (purchase information not required).

Note: Altered forms cannot be accepted.

◆ SUBMISSION INSTRUCTIONS ◆

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

SECTION I - STATEMENT OF CARDMEMBER

Print or type all information. To be completed and signed by the cardmember.

Date of Birth:

		/			/		
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Telephone #:

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Address:

City:

State:

Zip:

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◆ AUTHORIZATION ◆

I (Name) _____, (Address) _____ hereby authorize any employer, union office, state or federal employment office, consumer reporting agency, insurance or reinsuring company, insurer, law enforcement agency, fire department, Social Security Administration, Internal Revenue Service, Veterans Administration or other organization or person having any records, data, or information concerning this claim to furnish such record, data, or information to Sears Buyer Protection Processing Center, administrator of the benefit processing center, or any of its representatives for purposes of claim processing.

This authorization shall be valid for 12 months after the date of the signature. I have the right to revoke this authorization by providing a signed and dated, written notice to Sears Buyer Protection Processing Center.

I understand that I have the right to retain a copy of this authorization and to inspect and receive any information disclosed under its terms. A photocopy of this authorization shall be considered as effective and valid as the original.

Cardmember or legal representative signature:

Date:

			/			/		
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Cardmember's Name: _____

Account #: _____



SECTION I – CONTINUED



Print or type all information. To be completed and signed by the Cardmember.

Last occupation: _____

Date last worked: _____

Reason for separation from last employer: _____

Are you receiving state unemployment benefits?
 Yes No If No, why? _____

Date you returned to work: _____

Days per week: _____ Hours per day: _____

◆ **PURCHASE INFORMATION** ◆

Date of purchase: _____

Sears credit card # used for purchase: _____

Cardmember's Sears credit card billing address: _____ City: _____ State: _____ Zip: _____

Type of purchase and amount (exclude taxes): (check all that apply)

Major home appliance(s)
\$ _____

Accessories
\$ _____

Warranty/Purchase Agreement(s)
\$ _____

Delivery, haul-away and installation charges: \$ _____

◆ If more than 1 Sears credit card was used for purchase(s), provide the other credit card number and address. ◆

Sears credit card # used for purchase: _____

Cardmember's Sears credit card billing address: _____ City: _____ State: _____ Zip: _____

I certify that the foregoing statements, including any accompanying statements, are true, correct and complete to the best of my information, knowledge and belief. Any person who knowingly and with intent to defraud any corporation or person, files a statement containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent act, which is a crime, subject to criminal prosecution and civil penalties.

Signature: _____ Date: _____

Cardmember's Name: _____

Account #: _____

SECTION II - STATEMENT OF STATE EMPLOYMENT OFFICE OR EMPLOYMENT



AGENCY To be completed by the State Employment Office or Employment Agency. Copies of state unemployment benefit checks or statements covering the period of unemployment may be submitted in lieu of this section.



Date last worked:

		/			/		
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Exact reason for the unemployment as determined by your office:

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Is the individual currently registered with your office? If yes, as of what date?

Yes No If no, why? _____

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Has the individual qualified for state unemployment benefits? If no, why?

Yes No

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Did the individual have a waiting or disqualification period? If yes, reason for the waiting or disqualification period:

Yes No

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Signature of representative: _____ Title: _____

Name of office: _____ Telephone #: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

SECTION III - STATEMENT OF MOST RECENT EMPLOYER To be completed by your most recent employer. If employed less than 60 days after the qualifying purchase with this employer, have Section IV completed also.



Date of hire:

		/			/		
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Employee's title; If sole proprietor, owner or partner indicate: _____ Date last worked:

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Type of employment: Full-Time Part-Time Seasonal Temporary Number of hours worked per week:

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Reason for separation, as provided to your State Employment Office? _____

Estimated return to work date:

		/			/		
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Company name: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature of individual completing: _____ Title: _____

Printed name: _____ Date:

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SECTION IV - STATEMENT OF PREVIOUS EMPLOYER To be completed by previous employer only if employment from most recent employer, Section III, does not verify the full 60 day period after the qualifying purchase.



Date of hire:

		/			/		
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Date last worked:

		/			/		
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 Hours per week:

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Type of employment: Full-Time Part-Time Seasonal Temporary

Company name: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature of individual completing: _____ Title: _____

Printed name: _____ Date:

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