

# CUMIS INSURANCE SOCIETY GAP CLAIM SUBMISSION WORKSHEET

(MEMBER'S CHOICE® and CUDL GAP Programs)

Lender Name and State: _____	GAP Waiver/Contract Number: _____
Lender Address: _____	Date Filed: _____
Lender Contract Number: _____	Date of Loss: _____
Customer's Name: _____	Loan/Lease Date: _____
Prepared by: _____	Mileage on Date of Loan: _____
Email Address: _____	VIN#: _____
Phone Number: _____ Fax Number: _____	Vehicle: _____
	Year                      Make                      Model

## GAP CLAIM CALCULATION

<b>Loan Balance as of Date of Loss</b> (includes residual value for leases)		\$ _____
<b>MINUS: Total of Delinquent Payments as of Date of Loss</b> (that remain unpaid for more than sixty days after its due date)	-	\$ _____
<b>MINUS: Amounts included in the original lease/loan agreement that could be recoverable by cancellation.</b> Examples include: <input type="checkbox"/> Service contract/extended warranty premium refund <input type="checkbox"/> Credit Life/Disability premium refund <input type="checkbox"/> Collateral Protection Insurance Premium	-	\$ _____
<b>MINUS: Any loan or late charges</b>	-	\$ _____
<b>MINUS: Any additions/amounts added to the loan after waiver date</b>	-	\$ _____
<b>MINUS: Gross Primary Insurance Settlement</b> (include all deductions)	-	\$ _____
Primary Insurance Settlement/Check	\$	_____
<i>PLUS:</i> Salvage, Other	+	\$ _____
<i>PLUS:</i> Primary Insurance Deductible	+	\$ _____
<i>EQUALS:</i> Gross Primary Insurance Settlement	=	\$ <u>fill in blank above and to the right</u>
<b>PLUS: Covered Deductible</b> (up to \$1000, where state law permits)	+	\$ _____
<b>EQUALS: GAP CLAIM ESTIMATE*</b> (subject to final claim approval)	=	\$ _____

\* Please note that any unrelated amounts added to the financial agreement balance prior or subsequent to the purchase of the GAP contract are not covered, such as collateral protection insurance premiums, late charges, or future finance charges.

**GAP Plus Option (if applicable \$1000)** \_\_\_\_\_

**Date(s) and Amount(s) of Loan Extensions/Skip Payments** \_\_\_\_\_

**Please include the following documentation when submitting a claim:**

1. Copy of GAP Member Contract (waiver)
2. Copy of original financial agreement or lease agreement. (If applicable; include residual value calculations, interest rate/money factor, etc)
3. Copy of loan payment history, including next payment due date.
4. Copy of primary insurance company claim ACV calculation worksheet and Settlement Check
5. Copy of Executed Lease or Loan Agreement for Replacement Vehicle (Applicable only to claims for Plus Benefit)

<b>Mail or Fax Claim Submissions to:</b>	<b>CUMIS Insurance Society, Inc.</b> P.O. Box 669 Waverly, IA 50677-0669	<b>Fax Number: (800) 949-0551</b> <b>Toll-Free Claims Number: (800) 557-8955</b> <b>Email: CUMIS_Collateral_New_Claims@CUNAMutual.com</b>
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**Claims submitted outside of the timeframes listed below will be considered void.**

- Claims must be received within 1 year of the date of total loss.
- For GAP Plus Claims, the new vehicle must be financed (or leased) with a loan (or lease) from the same credit union within 60 days of the primary insurer settlement. A copy of the executed financial agreement or lease agreement for the replacement vehicle must be submitted with the above documentation.