Citi PAYMENT SAFEGUARD

CLAIMS 2314

PAYMENT CREDIT BENEFIT FORM

Cardmember's First Name   MI   Last Name

Account Number

INSTRUCTIONS FOR BENEFITS SUBMISSION

1) If a recently experienced loss of income of at least $25 for education, medical, household, transportation or IRS taxes occurred, fully complete (type or print) the information below, date and sign as indicated

2) All dates must include the MONTH, DAY, and YEAR.

4) Benefit processing may be delayed if all information is not provided.

Note: Altered forms will not be accepted. Please allow 15 days after mailing for processing fully completed benefit forms. If you have any questions call **Payment Safeguard Processing Center** toll free at **1-877-242-5987 (TTY: Use Relay Service).**

SECTION A   CARDMEMBER'S INFORMATION

Cardmember's Address   City   State   Zip

Cardmember's Telephone #   ___ - ___ - ___

SECTION B   PROVIDE THE FOLLOWING INFORMATION REGARDING THE PERSON EXPERIENCING THE EVENT

Name of Person Experiencing the Event

Address of Person Experiencing the Event   City   State   Zip

Relationship to Cardmember ☐Self   Date of Income Loss
☐Member of Household   ☐Other _____   ___ / ___ / ___

Was Income Loss at   Type of Income Loss (Choose One)
Least $25.00?☐Yes ☐No   ☐Education ☐Medical ☐Household ☐Transportation ☐IRS Taxes

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.

Cardmember's Signature   **Signature of Person Experiencing Event**   **Today's Date**

___ / ___ / ___

In our effort to provide quality service, our Customer Service telephone lines are subject to service monitoring.