



Over 50 million dollars paid in benefits

CPA INSURANCE COMPANY

JOB INSURANCE FOR RAILROAD MEN

Post Office Box 250010, West Bloomfield, Michigan 48325-0010

CLAIMANT'S STATEMENT IN PROOF OF CLAIM

1. Name in Full _____ Age _____ Policy No. _____
2. Street and Number _____ Soc. Sec. No. _____
3. Town _____ State _____ Zip _____
4. Are you insured against loss of job by any other Company or Organization? _____
Company Name _____ Daily Benefit _____ Date Issued _____
5. What are your average monthly wages? _____
6. What Railroad were you working on when you lost your job? _____
7. In what capacity were you working for this Railroad when you lost your job? _____
8. Were you discharged _____ Suspended _____ or held off to attend investigation? _____
9. Did you lose wages as a result of attending the investigation? _____ If Yes, give date _____
10. If so, has your time slip been declined by your Railroad Company? _____
If none submitted, state reason _____
11. What rule does the Railroad Company charge was violated? _____
12. Did you violate this rule? _____
13. The Official who Discharged or Suspended me, and who is thoroughly familiar with my case, is:
Name _____ Title _____
Town _____ State _____
14. State date trouble occurred that caused your removal _____
15. State date you were discharged or suspended _____
16. State date and exact time of day you last reported for duty _____
17. State date of last compensated service _____

INSTRUCTIONS – Read Carefully:

If **DISCHARGED** or **SUSPENDED**, send your **DISCIPLINE NOTICE** showing cause of discharge or suspension, date occurred, and date of discharge or suspension.

18. I belong to Division-Lodge No. _____ at _____
of the _____
(Name of Order)
19. My Grievance Committee Chairman is:
Name _____ Address _____
City _____ State _____
20. Has your grievance been handled by your Order? _____

