

REQUIRED Steps to Complete Your Claim

1	Fill out the claim affidavit and sign the document.
2	Attach a photocopy of a Valid ID (See Examples of Valid IDs below)
3	Upload your documents at www.phoneclaim.com/sprint-uploader or Fax to 1-888-832-0511.

Examples of Valid Personal Identification

Student IDs, work IDs, birth certificates and Social Security cards **are not** acceptable as valid identification.

EXAMPLES –The following are some examples of valid forms of photocopied personal identification:

Drivers License	Federally Issued ID Card	US or Foreign Passport	Matricula Consular ID	US Military ID Card
				

Important Reminders to prevent delays in processing your claim:

- Please **handwrite** your 8 digit Claim ID number on your ID copy before faxing.
- Name on the ID must match name of the account holder or authorized user on the account.
- All forms of identification must be legible, unaltered, and legitimate.
- The ID cannot be expired. If the ID appears altered, forged, or not legitimate, we will not be able to proceed with your claim.
- Increasing the size of the ID **and** lightening before faxing assists with the review of your documents. Black and White copy preferred

How to identify your Device Manufacturer and Model

- The easiest way to find you manufacturer and model of the phone/device you are claiming is to remove the back cover and battery. The manufacturer and model should be listed near the barcode on the back of the phone.
- If you do not have the phone/device or have a phone/device with a non-removal battery door please check your receipt from the purchase of the phone, your service agreement, the box the phone came in, a recent copy of your bill, or your account at your carrier's website to capture the manufacturer and model of the phone/device.

All documents must be legible. Once we receive the items listed above, we will complete our review of your claim. You must return all documentation to the address listed on the affidavit within 60 days of the date you requested your replacement as provided in the Coverage Certificate or your claim may be denied. If you have any questions please contact us at 1-800-584-3666 or visit us online at www.phoneclaim.com/sprint

For the Equipment Protection Program: Underwritten by Continental Casualty Company, a CNA company. Program agent: Asurion Protection Services LLC (In California, Asurion Protection Services Insurance Agency, LLC (CA License Number: OD63136); in Puerto Rico, Asurion Protection Service of Puerto Rico, Inc. Puerto Rico Resident Agent Jorge J. Amadeo, Eastern America Insurance Agency, Inc.)
 *In California, Asurion Protection Services Insurance Agency, LLC (CA License Number: OD63136); in Puerto Rico, Asurion Protection Service of Puerto Rico, Inc. Puerto Rico Resident Agent Jorge J. Amadeo, Eastern America Insurance Agency, Inc.

Sworn Claim Affidavit

ALL FIELDS ARE REQUIRED AND MUST BE FILLED IN (PLEASE PRINT) USING BLUE OR BLACK INK.

	<p>Upload Documents at www.phoneclaim.com/sprint-uploader</p>	<p>Fax Documents to: 1-888-832-0511</p>	<p>Mail Documents to: Asurion Attn: Review Team P.O. Box 413886 Kansas City, MO 64141-3886 Note: If mailed, the claims process will be dependent on the timeline of mail delivery and will take longer to complete your claim than faxing.</p>
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IMPORTANT LEGAL NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a crime. All claim files and documentation, including this affidavit, are subject to inspection by the various State Departments of Insurance.

Claimed Wireless device number () -

1. Personal Information of Account Holder/Authorized User:

First and Last Name: _____

Daytime Phone Number: _____ Evening Phone Number: _____

E-mail address: _____

Billing Home Address: _____

City: _____ State: _____ Zip Code: _____

2. Equipment and Claim Details

Device Manufacturer: (Ex. HTC, Blackberry/RIM, Samsung, Motorola)

Model (Ex. EVO3D, 9930, Epic 4G, MB855):

Check **one (1)** of the following – Your phone was... Lost Stolen Damaged Malfunctioned

Date of occurrence: _____ Place of occurrence: _____

Detailed description on what happened to your phone: _____

3. Attach Photocopy of Your Valid Government Issued Photo ID - (Please be sure to lighten and enlarge your ID, and clearly write your claim number on it so it can be attached to your claim)

4. Claim Agreement

I hereby swear or affirm that I have completed the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signature: _____

Date: _____

