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Attestation of Financial Hardship Due to the COVID-19 Pandemic

Foresters Financial cares about your health and wellbeing. As the COVID-19 crisis continues to grow and evolve, we are here to support you during this difficult time. In order to assist you regarding premium payments on your certificate, we ask that you complete this Attestation demonstrating proof of financial hardship as a result of the COVID-19 pandemic.

You can send your signed attestation form to us at paymentsupport@foresters.com by Secure Email, by fax to 1-877-329-4631 or by mail to P.O. Box 179 Buffalo, NY 14201–0179. You can also contact a Foresters Service Center representative toll free at 1-800-828-1540, Monday to Friday, 8am to 8pm (EST) to assist you in making a payment plan or extending your grace period.

Name:	Certificate Number(s):
Phone Number:	_ Email:
Address:	
	experienced as a result of the COVID-19 pandemic emium payments including the relief being requested
Date of Onset of Financial Hardship:	
Complete the following questions if your financial l	hardship is due to loss of employment income
Name and Address of Employer:	
Employer Phone Number:	Employer Email:
Expected Return to Work Date:	
By signing this form, I swear under penalty of perj Foresters to verify any of the information provided	ury that the above is true and accurate and I authorize , which may include contacting my employer, if applicable
Signature:	Date:
Secure Email with Foresters, please contact us at 1-800-828-1540. In	