

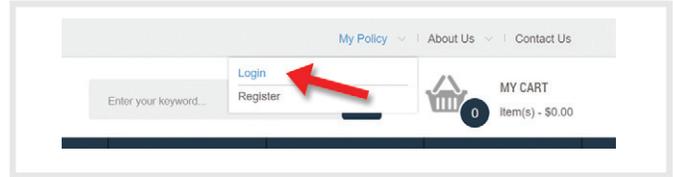


Group Online Claims Instructions

Worth Ave. Group: Leading Provider of Electronic Device Protection.

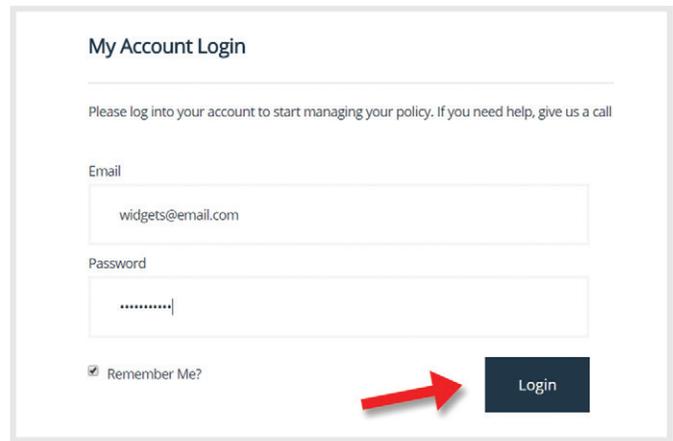
Step 1: Go to Our Website

Go to www.worthavegroup.com and rollover "My Policy" at the top of the page. Click on "Login".



Step 2: Login to Your Policy

To login to your policy or policies, please enter your email address and password. Click "Login".

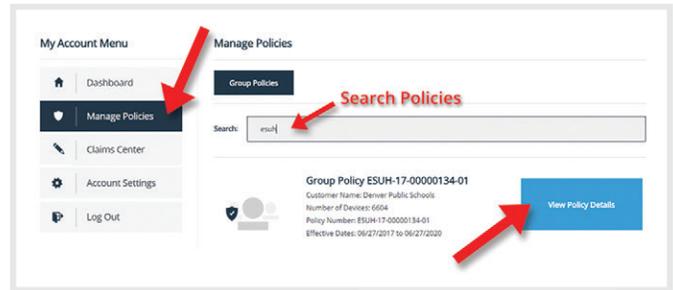


Option 1

Step Three: Manage Policies Page

Once you have logged in, you will see your Dashboard. You can file a claim by clicking on the "Manage Policies" button on the left.

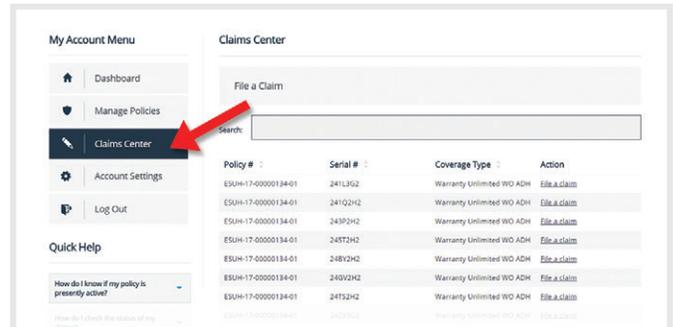
Find your policy, and then click "View Policy Details" on the right.



Option 2

Step Three: Claims Center Page

Alternatively, you can file a claim by clicking the "Claims Center" button on the left to see a list of all devices.





Group Online Claims Instructions

Worth Ave. Group: Leading Provider of Electronic Device Protection.

Step Four: File a Claim

To file a claim, click "File a claim" on the row with the applicable serial number. This will open the claim form.

Policy #	Serial #	Coverage Type	Action
ESUH-17-00000134-01	241L3G2	Warranty Unlimited WO ADH	File a claim
ESUH-17-00000134-01	241Q2H2	Warranty Unlimited WO ADH	File a claim

Step Five: Fill Out the Claim Form

Contact Information

Enter all required contact and mailing information for your claim. Some of this information will automatically populate based on the information in your account.

Date of Loss

Please type in the date in which the claim occurred using the correct format.

Type of Loss

Choose the type of loss via the drop down. Depending on the type of loss, more information may be required. If the type of loss requires a police report, an additional entry form will appear.

Description of Incident

Enter the description of what happened to the device (i.e. the device was dropped down the stairs, the device was stolen from a locker, etc.).

Known Damage to the Unit

State the damage or symptoms the device is showing as a result of the incident (i.e. the screen is cracked, the device is not holding a charge, etc.).

Box Needed?

If you already have one of our shipping boxes, please choose "Label Only". If you are out of boxes, please choose "Box and Label".

Disclaimer

Review and acknowledge that you have read and understand the statement by clicking on the box next to "I Agree" below.

File a Claim / Policy Number WKDI-17-00000876-01 / Device Dell CB 3180-210-AKSJ 11IN BLK 102N3G2

Are you ready to submit a claim? We have made it a breeze to submit online, just fill out the form below!

First Name * Last Name * Phone *

John Doe

Address Line 1 * Address Line 2 *

123 Somewhere Street

City * State * Zip *

SOMEPLACE Ohio 12345-0001

Email Address * Confirm Email Address *

widgets@email.com widgets@email.com

REMIT TO Denver Public Schools
Address: 510 S. Pierce Ave. Unit A Louisville, CO
Email:

Date of Loss * Type Of Loss *

mm/dd/yyyy Fire

Police Report (Fire)

Date of Police Report * Officer First Name * Officer Last Name *

mm/dd/yyyy

Officer Contact Number * Report/Case # *

Description of Incident * Known Damage to the Unit *

Box Needed? *

Disclaimer *
We must advise you that any person who knowingly and with intent to defraud any insurance company files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime and may be prosecuted to the full extent of the law. By signing, I agree that the statements above are true and correct to the best of my knowledge and cannot be changed once submitted to the company.

I Agree Submit

Step Six: Confirmation of claim

After clicking "Submit" and successfully adding claim, a message will appear.

File a Claim / Policy Number ESUH-17-00000134-01 / Device Dell CB 3180-210-AKSJ 11IN BLK 241L3G2

Success Your claim has been sent for review. Return to your Dashboard.