



Sterling Utilities Plus, Inc.

"We Pay Your Bills When You Can't!"

Maternity Leave Payment Request Form

Please complete all of the information below, sign and date, and have your signature notarized. Mail the completed form in with the necessary documentation to:

Sterling Utilities Plus, Inc.

Attention: Protection Verification

P.O. Box 300652

Houston, Texas 77230-0652

(281).596.4488 (fax)

Please fill in **ONLY the appropriate section of the protection needed.

Please Write **LEGIBLE in black or blue ink only. Failure to do so will result **IN DELAYING** the process of your protection.

| Section I. Personal Information | | | | |
|----------------------------------|--------|---|---|-------------------------|
| Last Name: | | First Name | | Social Security Number: |
| Home: | | Mobile: | | Work: |
| Address: | | City: | | State: Zip: |
| Section II. Employer Information | | | | |
| Employer Name: | | | Expected Dates of Leave ____/____/____ to ____/____/____ **Please include a doctor's statement. | Phone: |
| Address: | | | | Fax: |
| City: | State: | Zip: | | Print Name |
| | | | | Signature: |
| Section II. Employer Information | | | | |
| Doctor's Name: | | Expected Dates of Leave | | |
| Doctor's Signature: | | ____/____/____ to ____/____/____ | | |
| Doctor's Phone: | | **Please include a doctor's statement. | | |

Signature of Protectee: _____

Date: _____

Signature of Co-Protectee: _____

Date: _____

State of Texas County of _____

Before me, a notary public, on this ____ day of _____, 2009 personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized Seal)

Notary Public's Signature

PROTECTION FROM HOME TO THE BANK

By Sterling Utilities Plus, Inc. Bonded by Platte River Insurance Company