

Life Insurance Claimant's Statement

Policy Information

Name of Deceased:	Policy Number:
Date of Birth:	Date of Death:
Social Security Number:	Cause of Death:

Beneficiary Information

Beneficiary's Name*:	Date of Birth:
Address:	
City, State, Zip:	
Telephone Number:	Are you a citizen of the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number:	Relationship to Deceased:

*If your name has changed, please provide a copy of supporting documentation for name change.

The undersigned beneficiary hereby makes a claim for life proceeds. The furnishing of the form is not an admission that there was a life contract in force, nor a waiver of any rights or defenses of the Company.

This Policy may contain settlement options which may be elected if a lump sum settlement is not requested. You may obtain additional information regarding the settlement options by contacting the Company.

I certify that the information above is true, correct and complete to the best of my knowledge. I have read the applicable fraud notice.

I hereby certify the Policy has been: Enclosed Lost

METHOD OF PAYMENT*

The beneficiary must be the owner of the Bank Account and show proof with a void check or a letter from your bank. IF ESTATE MUST HAVE ADMINISTRATOR ACCOUNT INFORMATION FROM BANK.

Bank Name	Bank Account Owner Name
Bank Routing Number	Account Number

Beneficiary Signature*:	Date Signed:
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*Please provide a copy of your signed identification.

Signature of Witness:

Fraud Notice: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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ATTACH COPY OF VOID CHECK MUST CONTAIN BENEFICIARY'S NAME OR A COPY OF AN OFFICER SIGNED LETTER FROM YOUR BANK WITH ACCOUNT INFORMATION. IF ESTATE MUST HAVE ADMINISTRATOR INFORMATION FROM BANK.

These states require the following fraud warnings:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: (For your protection, California law requires this to appear). Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or beneficiary for the purpose of defrauding or attempting to defraud the policy holder or beneficiary with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: 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 a felony.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly and with intent to defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: A person who willfully and with intent to defraud or knowing that he is facilitating a fraud against an insurer and submits an application or claim containing materially false information or a deceptive statement may be guilty of insurance fraud and may be subject to criminal penalties.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee: It is a crime to knowingly provide false or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington, D.C. (District of Columbia): WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by an applicant.

Claimant's Frequently Asked Questions

Documents required:

Certified Certificate of Death

Claimant's Statement completed and signed

Return of the Policy

Copy of Claimant's Identification

Obituary

Note: Other documents may be required depending on the specific circumstances of your claim.

Who is the "Claimant"?

The beneficiary is the Claimant and must complete and sign the Claim Form.

Will you accept faxed forms?

We require original documents.

If I make a mistake, how do I change the information on the Claimant's Statement?

Put a line through an incorrect answer and insert the correction information. Do not use correction fluid. All changes must be initialed by the Claimant.

Will you accept a copy of the Death Certificate?

We require one **Original** Certified Certificate of Death that reflects the final cause of death. We cannot accept a pending death cause. The death certificate is returned once the claim process is complete.

Are there special requirements if the Insured died outside the United States or its territories?

We require an **Original** Certified Certificate of Death, and, if appropriate, a Death of an American Citizen Abroad document. A Death of an American Citizen Abroad document is not an acceptable substitute for an Original Certified Death Certificate. In addition, we may require a cancelled passport, a copy of airline tickets, funeral/cremation bills, transportation bills or any other information we deem necessary based on the specific circumstances of your claim.

If the Primary beneficiary is deceased, what is required?

Predeceased Beneficiaries: When a beneficiary has predeceased the insured, a copy of their death certificate must be furnished.

Will you accept a copy of the original policy?

We request the original policy, if available. You may make a copy of the original policy for your records. If the Policy is Lost, please check that information on the Claimant's Statement.

Can the death claim proceeds be assigned to a funeral home?

No. Policy proceeds are paid only to the beneficiary(ies) on file. If the beneficiary(ies) have predeceased the insured, policy proceeds are paid to the estate of the insured.

What are the requirements when a beneficiary is a minor?

The claimant statement is to be completed by the legally appointed guardian of the Estate of the minor and a certificate of the guardian's appointment from the court must be furnished.

What if the beneficiary is the Estate?

The Claimant's Statement must be completed by the Executor or Administrator, and a certified copy of their appointment must be furnished.

Was the death ruled an accident or a homicide? If "Yes," please also include the autopsy, toxicology, and police reports, a certified copy of the coroner's report and copies of dated newspaper articles.