

## Claim Form – Life Insurance Plan

IMPORTANT: "Statement of Claimant" must be completed in all cases. If there are two or more beneficiaries or other claimants, each beneficiary must complete a "Statement of Claimant". Each beneficiary must make a separate statement.

### Statement of Claimant

POLICY NUMBER(S): \_\_\_\_\_

#### 1 Decedent Information – (Please print in ink or type)

Name	First	Middle	Last		
Residence at time of death	Street	City	State	Zip	
Date of Birth	Place of Death				
Date of Death	Cause of Death		Manner of Death		

#### 2 Beneficiary or Claimant Information

Name	First	Middle	Last	Social Security Number/Tax ID Number	
Residence	Street	City	State	Zip	
Date of Birth	Day Time Telephone		Relationship to Deceased		

Are you subject to back-up withholding? (Has the IRS contacted you directly to inform you that you are subject to back-up withholding?)  
 Yes       No

In what capacity or title do you Claim this Insurance? Check one:

- Beneficiary       Assignee       Trustee       Executor / Administrator       Guardian
- Other

#### 3 Statement of Lost Policy (Complete only if policy is unavailable for return)

I am unable to locate the original life insurance policy. I agree to return the policy to the company if found.

