

GROUP LIFE INSURANCE DEPENDENT'S DEATH or DISMEMBERMENT CLAIM FORM

POLICYHOLDER-EMPLOYER INSTRUCTIONS: See attached notice

Please complete this side of the form.

Ask the Employee to complete the reverse side of the form (Claimant's Statement).

 Submit with the following documents:

- Certified copy of deceased's death certificate
- Copy of the Employee's enrollment form

For an accidental death or dismemberment claim provide a police report, newspaper article or similar document that describes the accident or dismemberment.

 Group Policy No. _____ ERISA Group Plan Yes No Class _____

 Amount(s) claimed: Basic Life \$ _____ Basic Accidental Death & Dismemberment (AD&D) \$ _____

 Supplemental Life \$ _____ Supplemental AD&D \$ _____

DEPENDENT INFORMATION

1. Name of deceased dependent _____ Dependent SSN _____

2. Relationship to employee _____

3. Effective date of dependent coverage _____ Date of death _____

EMPLOYEE INFORMATION

4. Name of employee _____ Employee SSN _____

5. Employee address _____

 6. Hours worked per week _____ Full-time Part-time Current salary \$ _____ per hour month
 week year

7. Date employed _____ Effective date of employee coverage _____

8. Occupation _____ Department _____

 9. Was employee employed and insured at time of dependent's death? Yes No Last date premium paid for employee _____

10. If employee no longer employed, date employment terminated _____

11. Do you recommend payment of this claim? _____ Remarks _____

- I certify that the above employee met the eligibility requirements of the policy and was insured under the policy at the time of death of the dependent.
- I am not a beneficiary nor am I related to the dependent or to a beneficiary.
- I am an authorized employer representative and confirm that the above statements are true.
- I have read the attached fraud notice.

Name of Policyholder-Employer _____

Address _____

Phone _____ Fax _____ E-mail Address _____

Signature _____ Print Name _____

Title _____ Date _____

CLAIMANT'S STATEMENT

INFORMATION ABOUT YOU:

1. Your name (please print or type) _____
2. Social Security number _____
 Check this box if you have been notified by the Internal Revenue Service that you are subject to backup withholding on interest and dividends, under provisions of 3406(a)(1)(c) of the Internal Revenue Code.
3. Your date of birth _____ Male Female
4. Your phone number (in case we need to contact you): Day _____ Evening _____
5. Your address _____
Street Address

City State Zip
6. Last address of deceased dependent _____
7. If deceased dependent is your spouse, date of marriage _____
8. If deceased is a dependent child, answer the following questions:
 - Was the dependent child attending school? Yes No If yes, describe school and whether full or part-time student.

 - Was the dependent child working full-time? Yes No
9. If dependent was confined in a hospital since the effective date of dependent coverage, please name the hospital and date of confinement:

YOUR SIGNATURE:

I certify, under penalty of perjury, that the information I have provided in this Claimant's Statement is true, correct, and complete to the best of my knowledge. I have read the fraud notices included with this Statement.

Your Signature

Date

Please read the following notice that we are required by law to give to you.

For all states not named: Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

AL: 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.

AR, LA, RI, WV: 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.

AZ: 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.

CA: For your protection California law requires the following to appear hereon: 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.

CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant 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.

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

DC: 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 the applicant.

FL: 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.

ME: 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.

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

NH: Any person who, with a 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.

NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NM: 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.

NY: The following applies to health insurance only: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OK: 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.

PA: 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.

TN, VA, WA: 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.

TX: 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.