



Loss of Life Claim Form

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Instructions

For the Claimant/Beneficiary

- Complete Sections A through E of the Statement of Claimant as applicable to your claim.
 - If there's more than one claimant/beneficiary, each beneficiary must complete a separate Statement of Claimant form
 - If the claim is found to be payable to a minor, the Statement of Claimant must be completed by the minor's legal guardian
 - If the claim is found to be payable to the estate or legal representative of the deceased, the Statement of Claimant must be completed by the executor or administrator of the estate
 - If the claim is found to be payable to a corporation or firm, the Statement of Claimant must be completed by a duly qualified officer who has the power and right to make such claim in the name of the corporation or firm
 - If the named beneficiary predeceased the insured, unless the policy specifically provides otherwise, the Statement of Claimant should be completed by the duly appointed executor or administrator of the deceased insured's estate
- The following documentation must accompany the completed Statement of Claimant when filing a claim:
 - Certified copy of the death certificate
 - Original policy – If original policy cannot be located, complete Section D of the Statement of Claimant
 - If the claim is found to be payable to a minor, a certified copy of court appointment of guardianship
 - If the claim is found to be payable to the estate or legal representative of the deceased, a certified copy of court appointment as executor or administrator of deceased's estate
 - If the claim is found to be payable to a corporation or firm, documentation of appointment as duly qualified officer of corporation or firm
 - If the named beneficiary predeceased the insured, a certified copy of deceased beneficiary's death certificate
 - If the beneficiary assigns the proceeds of the policy to a third party (such as a funeral home), an assignment agreement form must be completed by the claimant/beneficiary or claimants/beneficiaries and the assignee
- The form must be notarized and have your signature for benefit consideration.



Loss of Life Claim Form

STATEMENT OF CLAIMANT

Section A - About the Decedent

First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Social Security Number or Policy Number(s)		
<input type="text"/>	<input type="text"/>		

Section B - About the Claimant/Beneficiary

First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Social Security Number	Relationship to Decedent	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section C - About Next of Kin

First Name	MI	Last Name	Suffix	Relationship	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name	MI	Last Name	Suffix	Relationship	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name	MI	Last Name	Suffix	Relationship	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section D - About the Original Policy

The original policy has been lost and therefore is not included with the Statement of the Claimant

Section E - About the Estate

Will an estate be established? Yes No

Acknowledgement - Your signature is required for benefit consideration

The undersigned agrees the written statements of all physicians who attended or treated the insured and all other documentation requested by the company shall constitute, and are hereby made a part of, the proofs of death. It's expressly represented and warranted that no proceedings in insolvency or bankruptcy have been initiated or were pending against the insured at the time of death. By furnishing forms and investigating this claim, the company does not admit any insurance in force and does not waive any of its rights or defenses.

Signature of Claimant/Beneficiary Date Signed

Notary

Sworn to before me and subscribed in my presence the day of of the year .

Seal	Notary Public
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