

# Example of Filled-Out Death Benefit Claim Form

This **death benefit claim form** example demonstrates how to accurately complete all required fields to ensure timely processing. It includes essential information such as personal details, policy number, and beneficiary data. Using this template can help avoid common mistakes and expedite the claim approval.

1. Deceased Insured's Information	
Full Name	John Allen Smith
Date of Birth	January 15, 1952
Date of Death	April 02, 2024
Social Security Number	*--4567
Policy Number	AB12345X9
Address	123 Maple Lane, Springfield, IL 62704

2. Beneficiary Information	
Full Name	Linda K. Smith
Relationship to Deceased	Spouse
Address	123 Maple Lane, Springfield, IL 62704
Contact Number	(217) 555-2398
Email Address	linda.ksmith@email.com

3. Additional Details	
Type of Claim	Lump Sum Death Benefit
Date of Claim Submission	April 10, 2024
Documents Attached	<ul style="list-style-type: none"><li>Original Death Certificate</li><li>Policy Document</li><li>Beneficiary's Photo ID</li></ul>

4. Certification & Signature	
Beneficiary Signature	Linda K. Smith
Date	April 10, 2024

*Note: Ensure all supporting documents are included. Incomplete applications may delay claim processing.*