

Filled Out Life Insurance Claim Form Sample

Review this **filled out life insurance claim form sample** to understand the correct way to complete your claim submission. It demonstrates essential details and proper formatting to ensure a smooth processing experience. Use this example as a reliable guide for your application.

1. Policyholder Information

Full Name	John A. Smith
Policy Number	LI-87965432
Date of Birth	April 16, 1979
Social Security Number	123-45-6789
Address	123 Greenway Drive, Springfield, IL 62704
Phone Number	(312) 555-0171
Email Address	john.smith@email.com

2. Beneficiary Information

Full Name	Mary Smith
Relationship to Policyholder	Spouse
Address	123 Greenway Drive, Springfield, IL 62704
Phone Number	(312) 555-0172
Email Address	mary.smith@email.com

3. Details of Deceased

Deceased's Name	John A. Smith
Date of Death	March 2, 2024
Place of Death	Springfield Memorial Hospital, Springfield, IL
Cause of Death	Natural causes (heart attack)

4. Claim Details

Type of Benefit Requested	Lump Sum
Amount Claimed	\$250,000
Relationship to Deceased	Spouse

5. Supporting Documents Provided

- Certified copy of the death certificate

- Original insurance policy document
- Proof of beneficiary's identity (driver's license)
- Completed claim form

6. Signature & Declaration

Beneficiary Signature: Mary Smith
Date: March 7, 2024
