

# Death Benefit Claim Form

## Beneficiary Instructions

1. Carefully read all sections of this form.
2. Complete all required fields; incomplete forms may delay processing.
3. Attach the **certified death certificate** and any additional required documents.
4. Sign and date the form where indicated.
5. Submit the completed form and documents via mail, email, or in person as directed by the insurer.
6. Retain a copy for your records.

If you need assistance, contact the claims department listed in your policy documents.

## 1. Deceased Insured Information

**Full Name of Deceased:**

**Date of Birth:**

**Date of Death:**

**Policy Number:**

## 2. Beneficiary Information

**Your Full Name:**

**Relationship to Deceased:**

**Mailing Address:**

**Phone Number:**

**Email Address:**

### 3. Payment Details

**Preferred Payment Method:**

-- Select --

**List any attached documents:**

**Signature of Beneficiary:**

**Date:**

**Submit Claim**

**Reminder:** Ensure all information and documents are accurate to avoid processing delays. Keep copies of all submissions.