

**Claimant's Statement
Group Life Insurance
Instructions and Additional Information**

**This form may be used for both Employee/Member and
Dependent Death Claims**

Who must complete the Claimant's Statement? To enable prompt handling of your claim, please complete all forms in their entirety. If multiple beneficiaries were named, each beneficiary must complete a separate Claimant's Statement.

Who must complete the Claimant's Statement if the Beneficiary is a minor, incompetent, trust, or an estate? The appropriate legal representative (executor, administrator, or guardian) must complete the form and must sign with their title (executor, administrator or guardian). A copy of the legal appointment must be furnished.

Is a photocopy of the Death Certificate acceptable? No, we must have an original or certified copy of the death certificate. We are unable to accept photocopies of the Insured's death certificate.

What needs to be done if the named Beneficiary predeceased the Insured? Should the primary beneficiary predecease the insured, a photocopy of the beneficiary's death certificate must be furnished. Policy death proceeds will be paid to the contingent beneficiary, if one was named. If no living beneficiary remains, death proceeds will be paid in accordance with the terms of the policy.

Can the Death Proceeds be sent to the funeral home? Yes. When the death proceeds are to be assigned to a funeral home, an original Security Mutual assignment form specifying the amount to be assigned to the funeral home and a copy of the itemized bill are to be submitted with the completed claim forms.

Are there any Settlement Options or other methods for paying out the Benefit available other than a Lump Sum Payment? The following settlement options may be available in addition to lump sum: Interest Only, Fixed Payments, Fixed Period, Life Income with Guaranteed Period and Joint Income Two-Thirds to the Survivor. Please see the "Benefit Payment" Section of the Claimant's Statement Group Life Insurance Death Claim form to select to receive settlement option quotes and information. If you have any questions about which settlement options are available, please call our Home Office at 1-800-927-8846.

If you have any questions or require assistance in completing the Claimant's Statement, please call us at 1-800-927-8846.



Claimant's Statement

**Proof of Death
 Group Life Insurance Claim Form**

INSURED EMPLOYEE/MEMBER INFORMATION

SECTION I - COMPLETE THIS SECTION FOR ALL CLAIMS.

Name of Employee/Member: _____
First Middle Initial Last

Social Security Number: _____ Certificate No.: _____

Address: _____
Number Street City County State Zip Code

SECTION II - COMPLETE THIS SECTION ONLY IF CLAIM IS FOR A DECEASED EMPLOYEE/MEMBER.

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Cause of Death: Natural Suicide Accident Homicide Unknown Other _____

Date Last Worked: _____ Occupation: _____

For illness, date deceased first consulted physician: _____

Marital Status: Single Married Widow/Widower Separated Divorced Civil Union/Domestic Partner

DEPENDENT INFORMATION

COMPLETE THIS SECTION ONLY IF CLAIM IS FOR A DECEASED DEPENDENT OF AN EMPLOYEE/MEMBER

Name of Deceased Dependent: _____
First Middle Initial Last

Dependent's Social Security Number: _____ Date of Birth: _____ Date of Death: _____

Address: _____
Number Street City County State Zip Code

Relationship to Employee: Spouse Ex-Spouse Son Daughter Other _____

Sex: Male Female Employment Status: Employed Unemployed Student

BENEFICIARY INFORMATION

COMPLETE FOR ALL CLAIMS

Name of Beneficiary: _____

Address: _____
Number Street City County State Zip Code

Relationship to Insured: Spouse Ex-Spouse Child Parent Other _____

Date of Birth: _____ Sex: Male Female

Daytime Phone Number: (____) _____ Fax: (____) _____

Email Address: _____

BENEFIT PAYMENT

- I elect a lump sum payment
or
 Please provide a quote for all of the settlement options available under the contract. I reserve the right to select a lump sum payment. Please refer to enclosed explanation of options available.

TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Enter your Taxpayer Identification Number in the appropriate box. For most individuals, this is your Social Security Number.

Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--

Employer Identification Number

--	--	--	--	--	--	--	--	--	--	--	--

Check appropriate box for federal tax Classification: Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership): _____ Other: _____

Exemptions: Exempt payee code (if any): _____ Exemption from FATCA reporting code (if any): _____

Under penalties of perjury, I, the policy Owner, certify that:

- (1) The number shown in this application is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person (including a U.S. resident alien) for U. S. Federal income tax purposes, and
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on tax returns.

SIGNATURES

New York Residents: Fraud Warning: 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Residents of Other States: Fraud Warning: It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines, and denial of insurance in accordance with applicable state law. Please carefully review the "Claim Fraud Warning Statements" page, attached to and incorporated herein by reference.

The undersigned beneficiary declares that the foregoing statements are true and complete and agrees to furnish additional information and documentation as may be required. It is understood that the furnishing of forms by the company does not constitute an admission that there is any insurance in force or proceeds payable, nor does it constitute an admission of any liability.

The IRS does not require your consent to any provision of this document other than the above certifications to avoid backup withholding.

Signed at (City and State) _____ Date _____

Signature of Beneficiary or Personal Representative of the Beneficiary: _____

Print Name of Beneficiary or Personal Representative of the Beneficiary: _____

CLAIM FRAUD WARNING STATEMENTS

The laws of the states beneath require the Company to provide the following statements:

- Alabama:** 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.
- Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.
- Arizona:** 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.
- Arkansas, Louisiana and Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment for 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.
- California:** For your protection, California law requires the following to appear on this form: 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.
- Colorado:** 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.
- Delaware, Idaho, Indiana and Oklahoma:** 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.
- District of Columbia:** WARNING: It is a crime to provide false or misleading information to any 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.
- Florida:** A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.
- Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
- Maine, Tennessee, Virginia and Washington:** 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.
- Maryland:** 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.
- Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.
- New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- New Mexico:** 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.
- New York:** 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- Ohio:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud
- Pennsylvania:** 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.
- Texas:** 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.
- West Virginia:** 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.