

Accidental Death/ Term Life Insurance/ Group Yearly Renewable Term **CLAIM FORM**

General Information:

Policyholder/
Insured Name :
(now deceased) *Last Name* *First Name* *M.I.*

Policy No.:

Deceased Insured Information:

Date of Death: Date of Birth:
(MM/DD/YY) *(MM/DD/YY)*

Place of Death:

Complete Address at
Time of Death:

Claimant's Information and Signature:

Claimant's Signature: Date of Birth:
(MM/DD/YY)

Full Name:
(Please print) *Last Name* *First Name* *M.I.*

Complete Address:

Relationship to
the Deceased: Place of Signing:

Mobile: Landline: E-mail:

Documents Required for Claim Assessment:

- 1) Completed **Claim Form**
 - 2) Two (2) government-issued IDs with signature
 - 3) Certified True Copy of Death Certificate
 - 4) Police Report indicating the details of the accident
 - 5) Release & Subrogation Form (for online bank payment)
- *These documents shall then be ENDORSED to the appropriate insurance company for further processing.*

**Signature over Printed Name
of Claimant**

Date