



PO Box 349  
Gadsden, AL 35902

Phone: 256-543-2022  
Toll Free: 800-226-2371  
Fax: 256-549-0070

# Life Insurance Claim Form

## Policy Information (you must complete ALL of this this section)

Policy Number(s)	Name of Deceased	Deceased's Social Security Number
	Date of Birth	Date of Death

## Beneficiary Information - (you must complete ALL of this this section)

Name	Social Security or Estate Tax ID #.	Date of Birth	Relationship to Insured
Mailing Address	City	ST	Zip
		Home Phone	
Email Address		Work Phone	Cell Phone

**INSTRUCTIONS:** Please submit a certified copy of the Insured's Death Certificate with this completed form.

**Claims by an Estate** – The Executor (Administrator or Personal Representative) of the Estate must sign all documents including this Claim Form. A certified copy of the Appointment Papers should be included. Be sure to use the Estate Tax ID number. A Last Will and Testament will NOT be accepted as proof of authority of Executorship.

**Assignments** – If all or any portion of the benefits have been assigned to a funeral home or any other entity, please include a copy of that Assignment.

**If the Beneficiary is a minor** - A Legal Guardian must be appointed by a court giving custody over the minor's property and Estate. The Legal Guardian must sign all documents including this form. A certified copy of the Guardianship papers must be included with the claim.

**If a Beneficiary is deceased** – Please include a copy of the Beneficiary's Death Certificate. If no Contingent Beneficiary is listed, please see above Claims by an Estate.

**If the policy is less than two years old, reinstated or accident/homicide/suicide related claims** – As part of our normal process, additional information and documentation will be required with the claim. An *Authorization to Release Information* form must be completed and included with the claim. Normally, we request the Insured's medical information through our own sources. Sometimes other information is necessary. You may receive a request for information from us in the mail. You may also be contacted by one of our representatives that will ask you for some additional information.

**NEED HELP?** Just call Customer Service at 1-800-226-2371 or 256-543-2022.

The undersigned hereby makes claim to said insurance as Beneficiary and agrees that the statements and records of all medical providers who attended, advised or treated the Insured and all other documents and information requested by the Company (LICOA) shall constitute and be made a part of the Proofs of Death. I further agree and understand that by furnishing the Company this form and other information supplemental to my claim, shall not constitute, nor be considered an admission there was any insurance in force or waive any of the Company's rights or defenses.

## Signatures (you must complete this section)

Beneficiary's Name (Please Print)	Beneficiary's Signature	Date
Witness' Name (Non-related & not a Beneficiary)	Witness' Signature	Date



DEATH-CLAIM 03272024

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**FRAUD NOTICE:** 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.

**NOTICE IN 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.

**NOTICE IN ARKANSAS, KENTUCKY AND LOUISIANA:** Any 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.

**NOTICE IN OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

**NOTICE IN FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE IN TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.