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An Insurance Assignment Company

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# Group Policy Information Sheet

**(Information sheet required to be submitted with any Group Policy )**

**Deceased Name**: _____

**Funeral Home Name:** _____

**Name of Insurance Company:** _____

**Policy Number:** _____

**Insurance Company Contact:** _____

**Contact Phone Number:** _____ **Contact Fax Number:** _____

**Name of Employer:** _____

**Employer Contact:** _____

**Contact Phone Number:** _____ **Contact Fax Number:** _____

**Is the deceased a dependent on a policy?** **Yes** **No**

**If yes, provide the following:**

**Policy Holder's Name:** _____

**Policy Holder's Relationship to deceased dependent:** _____

**Policy Holder's Social Security Number:** _____

**Is the deceased retired from this employer?** **Yes** **No**

**Is yes, provide retirement year of the deceased:** _____