# APL

## Loss of Life Claim Form

File claims using the Online Service Center (OSC) for faster payments, claim status updates, direct deposit and more. Sign up or log in now!

#### **Instructions**

#### For the Claimant/Beneficiary

- Complete Sections A through E of the Statement of Claimant as applicable to your claim.
  - o If there's more than one claimant/beneficiary, each beneficiary must complete a separate Statement of Claimant form
  - If the claim is found to be payable to a minor, the Statement of Claimant must be completed by the minor's legal guardian
  - o If the claim is found to be payable to the estate or legal representative of the deceased, the Statement of Claimant must be completed by the executor or administrator of the estate
  - o If the claim is found to be payable to a corporation or firm, the Statement of Claimant must be completed by a duly qualified officer who has the power and right to make such claim in the name of the corporation or firm
  - o If the named beneficiary predeceased the insured, unless the policy specifically provides otherwise, the Statement of Claimant should be completed by the duly appointed executor or administrator of the deceased insured's estate
- The following documentation must accompany the completed Statement of Claimant when filing a claim:
  - Certified copy of the death certificate
  - Original policy If original policy cannot be located, complete Section D of the Statement of Claimant
  - If the claim is found to be payable to a minor, a certified copy of court appointment of guardianship
  - o If the claim is found to be payable to the estate or legal representative of the deceased, a certified copy of court appointment as executor or administrator of deceased's estate
  - If the claim is found to be payable to a corporation or firm, documentation of appointment as duly qualified officer of corporation or firm
  - If the named beneficiary predeceased the insured, a certified copy of deceased beneficiary's death certificate
  - If the beneficiary assigns the proceeds of the policy to a third party (such as a funeral home), an assignment agreement form must be completed by the claimant/beneficiary or claimants/beneficiaries and the assignee
- The form must be notarized and have your signature for benefit consideration.

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# **Loss of Life Claim Form**

## **STATEMENT OF CLAIMANT**

Acknowledgement - Your signature is required for benefit consideration  The undersigned agrees the written statements of all physicians who attended or treated the insured and all other documentation requested by the company shall constitute, and are hereby made a part of, the proofs of death. It's expressly represented and warranted that no proceedings in insolvency or bankruptcy have been initiated or were pending against the insured at the time of death. By furnishing forms and investigating this claim, the company does not admit any insurance in force and does not waive any of its rights or defenses.	Section A - About the Deceden	ıt												
Section B - About the Claimant/Beneficiary  First Name  MI  Last Name  Relationship to Decedent  Phone Number  State  Zip Code  Section C - About Next of Kin  First Name  MI  Last Name  Suffix  Relationship  Date of Birth  Address  City  State  Zip Code  Phone Number  Section C - About Next of Kin  First Name  MI  Last Name  Suffix  Relationship  Date of Birth  Address  City  State  Zip Code  Phone Number  First Name  MI  Last Name  Suffix  Relationship  Date of Birth  Address  City  State  Zip Code  Phone Number  First Name  MI  Last Name  Suffix  Relationship  Date of Birth  Date of Birth  Address  City  State  Zip Code  Phone Number  First Name  MI  Last Name  Suffix  Relationship  Date of Birth  Date of Birth  Address  Section D - About the Original Policy  The original policy has been lost and therefore is not included with the Statement of the Claimant  Section E - About the Estate  Will an estate be established?  Yes  No  Acknowledgement - Your signature is required for benefit consideration  The undersigned agrees the written statements of all physicians who attended or treated the insured and all other documentation trequested by the company shall constitute, and are hereby made a part of, the proofs of death. It's expressly represented and warranted that no proceedings in insolvency or bankruptcy have been initiated or were pending against the insured at the time of death. By furnishing forms and investigating this claim, the company does not admit any insurance in force and does not waive any of its rights or defenses.  Signature of Claimant/Beneficiary  Date Signed	First Name			MI	Last Name								Suffix	
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