

PROOF OF DEATH BENEFICIARY'S STATEMENT

Administrator's Office
P.O. Box 25326, Overland Park, KS 66225-5326

Policy number(s) _____

Deceased's name in full? _____ Married _____ Single _____ Divorced _____ Widowed _____

1. Residence at death? Street _____ Town/City _____ State _____

2. a. Date and place of deceased's birth? a. Date _____ Place _____

b. Source from which date of birth obtained? b. _____
(Family record or other record or certificate of birth should be referred to.)

3. a. Date and place of death? a. Date _____ Place _____

b. Cause of death? b. _____

4. a. When did deceased first complain of, or give other indications of the last illness? a. Date _____

b. When did deceased first consult a physician for the last illness? b. Date _____

5. On what date did deceased last attend to usual work? a. Date _____

6. In what other companies, and for what amounts, was the life of deceased insured under accident and/or life policies?

Companies	Policies Dated	Amounts of Insurance

7. In what capacity, or by what title, do you claim this insurance? _____

8. Who has possession of the policy? _____

"X" the appropriate box Policy Enclosed Policy Lost

9. The following notices are applicable where stated:

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 civil penalties.

ARKANSAS: 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.

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 proves 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.

CONNECTICUT: 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 may be guilty of insurance fraud, as determined by a court of competent jurisdiction.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purposes 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: 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.

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: 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.

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 be subject to a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation.

OREGON: Any person who knowingly, and with intent to injure or defraud any insurer, makes any claim for the proceeds of an insurance policy containing any materially false, incomplete, or misleading information that is related to the acceptance of the risk may be 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.

VIRGINIA: Any person who, with 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 may have violated state law.

ALL OTHER STATES: 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 may be guilty of insurance fraud.

I certify the statements provided in this form are true and complete to the best of my knowledge.

Undersigned hereby applies for the payment of said insurance by the company and agrees that the written statements and affidavits of all the physicians who attended or treated the insured, and all other papers called for by the instructions hereon, shall constitute and they are hereby made a part of these Proofs of Death, and further agrees that the furnishing of this form, or of any other forms supplemental thereto, by said company shall not constitute nor be considered an admission by it that there was any insurance in force on the life in question, nor a waiver of any of its rights or defenses.

I certify that no proceedings in bankruptcy are pending and under penalty of perjury that the social security number and/or tax identification number is my correct tax payer number, and I am not subject to back up withholding because: (a) I am exempt from backup withhold, or (b) I have not been notified by the Internal Revenue Service that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Date _____ Signed _____ Age _____ Phone # _____
(Beneficiary)

Social Security Number _____ Address _____

Date _____ Signed _____ Age _____ Phone # _____
(Beneficiary)

Social Security Number _____ Address _____

INSTRUCTIONS

In ordinary cases, the proofs of death required are as follows:
Statement No. 1 must be made by the person or persons to whom the insurance is payable. If there is more than one beneficiary, all may join in one statement, or a separate blank will be furnished for each if desired.
When a policy is payable to the estate or executors or administrators of the insured, the statement must be made by an executor or administrator, a certificate of whose appointment and qualifications must be furnished.
When a policy is payable to a named beneficiary of full age, the statement must be made by such beneficiary. When a policy is payable to a minor, the statement must be made by a guardian, an official certificate of whose appointment and qualification must be furnished.
When a policy has been assigned, the statement must be made by the assignee. When a policy is payable to named beneficiary or two or more beneficiaries and by the death of any beneficiary has become otherwise payable, a statement, duly sworn to must be furnished, giving the place and date of death of the deceased beneficiary.

When a policy, or any part of it, is payable to “children” or others of a class, a sworn statement must be furnished, giving the names and dates of birth of each. If any died, the statement must give the date and place of death, and must also state whether they died unmarried, intestate, and without issue.