First Catholic Slovak Ladies Association

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DEATH CLAIM REPORT

PLEASE LIST ALL INSURANCE CERTIFICATES OF THE DECEASED MEMBER

_____ _____ _____ _____ Branch _____

DECEASED MEMBER INFORMATION (Please PRINT using BLACK ink)

Name: _____ Social Security # _____

Address: _____ Date of Death_____

_____ Date of Birth_____

BENEFICIARY INFORMATION (Please PRINT using BLACK ink)

If designated beneficiary (s) is deceased please attach photocopy of Death Certificate for each deceased Beneficiary.

Please PRINT information for each Beneficiary: (List additional Beneficiaries on separate sheet)

Name: _____ Telephone # ( ) _____

Address: _____ Date of Birth _____

_____ Relationship to insured _____

Social Security/Tax ID #_____

Name: _____ Telephone # ( ) _____

Address: _____ Date of Birth _____

_____ Relationship to insured _____

Social Security/Tax ID #_____

Name: _____ Telephone # ( ) _____

Address: _____ Date of Birth _____

_____ Relationship to insured _____

Social Security/Tax ID #_____

CONTACT PERSON - for claim information

Name: _____ Telephone # ( ) _____

Address: _____ Relationship _____

_____ _____

Signature of Contact Person Date

E-mail_____

A CERTIFIED ORIGINAL DEATH CERTIFICATE & ORIGINAL POLICY/ CERTIFICATE(S) MUST ACCOMPANY THIS REPORT FORM.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Instructions for Completion of Death Claim:

A. List Certificate Numbers for all FCSLA policies/annuities held by the deceased insured.
B. Complete all information concerning the insured.
C. Complete all information for each Beneficiary. Failure to provide any of the requested information may delay payment of the claim.

Claim must consist of the following papers:

___ 1. Original Insurance Benefit Certificate (policy) or Statement of Lost Certificate form, (see below).

___ 2. This completed claim form.

___ 3. Certified Death Certificate for Insured member (Must have **original** seal of certification).

___ 4. Any other forms or documents as requested by First Catholic Slovak Ladies Association.

___ 5. Death Certificates are required for any deceased designated beneficiaries (photocopies are acceptable in this case). If all designated beneficiaries are deceased, benefits will be paid to the member's estate. If there is no estate please contact Death Claims Department for assistance.

___ 6. If Beneficiary is not of Legal Age, the check will be issued to the child in c/o the Legal Guardian or Trust Account. A current notarized copy of Guardianship papers or proof of a trust account is required.

First Catholic Slovak Ladies Association
Claimant's Statement of Lost Certificate
(For use with Death Claims Only)

This section must be completely filled out and witnessed if original insurance policy is missing

I, _____ hereby state that I am the _____
(Name of Claimant) (Relationship **to insured**)

of the deceased _____ who was a member of the First Catholic Slovak Ladies Association and the holder of certificate number(s) _____ That said certificate(s) is/are lost, and after diligent search cannot be found and, therefore, cannot be surrendered to the First Catholic Slovak Ladies Association. In the event the certificate is found later, it shall be destroyed.

_____ _____
Claimant Signature Date

_____ _____
Witness Signature Date
