FCSLALife®
Insurance You Can Trust Since 1892.

Death Claims Department
800.464.4642 x1063
lifeclaims@fcsla.com

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)

Please PRINT information for each designated Beneficiary still living-use additional paper if necessary
Each Beneficiary(s) Name and Social Security Number MUST MATCH according to their IRS record(s).
Failure to do so will result in a 24% IRS mandated penalty withholding.
See item D on back of form.

Name: _____ Telephone # ( ) _____

Address: _____ Date of Birth _____

_____ Relationship to insured _____

Social Security/Tax ID # _____ Email: _____

Name: _____ Telephone # ( ) _____

Address: _____ Date of Birth _____

_____ Relationship to insured _____

Social Security/Tax ID # _____ Email: _____

Name: _____ Telephone # ( ) _____

Address: _____ Date of Birth _____

_____ Relationship to insured _____

Social Security/Tax ID # _____ Email: _____

CONTACT PERSON - for claim information

Name: _____ Telephone # ( ) _____

Address: _____ Relationship _____

_____ _____

E-mail _____ Signature of Contact Person Date

INCLUDE ORIGINAL CERTIFIED DEATH CERTIFICATE & ORIGINAL CERTIFICATE(S) OF INSURANCE

Must be mailed to Beachwood Ohio office

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.

For your protection, California law (California Insurance Code Section 1871.2) requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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. Each beneficiary's name MUST APPEAR on our form exactly as it does on their SOCIAL SECURITY CARD.
D. The IRS mandates that your social security number and name match according to the IRS records. All claim payees will be verified through the IRS database by name and social security number. If the information does not match the IRS database, you will be requested to supply corrected information. If the corrected information still does not match IRS information, the IRS mandates a 24% penalty be withheld.

Claim must consist of the following papers:

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

___ 2. This completed claim report form.

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

___ 4. Any other supporting 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 being probated through the court, please contact Death Claims Department for assistance in completing the claim based on your state's rules.

___6. If the designated Beneficiary is not of Legal Age, the check will be issued to the child in c/o the court appointed Legal Guardian or Trust Account or UTMA bank account CUSTODIAN. A copy of Guardianship papers or proof of an established trust/ UTMA bank account is required.

____7. When Trusts and Estates are to be paid you must include a copy of the IRS application for EIN document.

____8. Funeral Homes must include a W-9 and preferably a copy of the IRS EIN application form when they are the beneficiary or receiving an assignment of benefits.

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

This section must be completely filled out if original insurance or annuity contract 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, I will destroy it.

_____ _____
Claimant Signature Date

By signing this, I swear that this is a true and accurate statement.
